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ABSTRACT

These seven papers and the summary of discussion that accompanied their presentation represent the proceedings of a seminar on bibliotherapy conducted by the Library School of the University of Wisconsin. The papers were designed to distinguish the role of psychotherapist from that of librarian or educator in the bibliotherapeutic process, and to develop a clearer picture of the relationship of mental health professionals and librarians/educators in the theory and practice of bibliotherapy. Topics were chosen to probe the bibliotherapeutic process in general, and its application to older adults in particular. The papers are presented as available to the workshop participants, followed by summaries of the oral presentations. A brief topical summation of the discussion of the paper and oral presentation constitute a third section for each topic. The final chapter summarizes the substance of discussion that ran throughout the three-day session. Appendices include a list of the participants, guidelines for book analysis, and an orientation to the bibliotherapeutic process for librarians. (Author/CMV)

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SEMINAR ON BIBLIOTHERAPY

Proceedings

of Sessions, June 21-23, 1978 in Madison, Wisconsin

Sponsored by
Library School
and the
Faye McBeath Institute on Aging and Adult Life,
University of Wisconsin-Madison

Edited by
Margaret E. Monroe

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1978

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PREFACE

These papers and the summary of discussion that accompanied their presentation represent the proceedings of a Seminar on Bibliotherapy conducted by the Library School of the University of Wisconsin-Madison, June 21-23, 1978. With cosponsorship by the Faye McBeath Institute on Aging and Adult Life, and funding from a grant made by the U.S. Administration on Aging under the Older Americans Act of 1965, the invitational Seminar was based on seven working papers prepared by leading practitioners and researchers in the field. Participants totalled twenty professional persons in the fields of mental health, psychotherapy, gerontology, adult education, and librarianship. A wide range of viewpoints on bibliotherapy was represented within the group. Several specialists came for only those portions of the Seminar most closely related to their specialties, but a core of about twelve were present throughout.

The papers were designed to distinguish the role of psychotherapist from that of librarian or educator in the bibliotherapeutic process, and to develop a clearer picture of the relationship of mental health professionals and librarians/educators in the theory and practice of bibliotherapy. It was recognized from the outset that we would inevitably be searching for the major issues in bibliotherapy and exploring them in depth, seeking clarification rather than expecting agreement.

The topics of the papers were chosen to probe the bibliotherapeutic process in general and its application to older adults in particular, with the implications for the education of bibliotherapists drawn from perspectives and research findings in the field. Inevitably there was overlap among the papers, and the discussions within the Seminar built on these to provide a meaningful continuity. The final summary session, therefore, was able to culminate in insights and clarifications relevant to the conversations throughout the three-day Seminar.

The papers are presented here in the form in which they were available to the participants, with only editorial changes. The substance of the oral presentations by the authors of each paper is given immediately following the paper, summarizing the salient points that illuminate or supplement the materials in the paper itself. A brief topical summation of the discussion of the paper and the oral presentation constitutes the third section for each topic. Following the papers, presentations, and summaries of discussion, the final chapter summarizes the substance of discussion that ran throughout the three-day session and culminated in the final session June 23rd.

The appendices include the list of participants and University of Wisconsin teaching materials requested by the Seminar participants on the analysis of literature for use by bibliotherapists, a topic not scheduled for formal treatment in the Seminar but which came to have a major significance as the participants' analysis evolved into the third day of conversation.

In short, in the somewhat unstructured field of bibliotherapy, the exploration of fundamental issues related to bibliotherapeutic process and the roles of therapist and librarian required a flexibility and freedom from too tight a structure. The proceedings, therefore, reflect the style of the Seminar, both suitable to the state of the art in bibliotherapy.

The editor hopes that these proceedings properly reflect the very real sense of clarification which emerged for individuals in the group, as for the Seminar as a whole. For the core of twelve who were present for the final session, focussing on the priorities for research in bibliotherapy, this session truly bore the fruit sought in the initial planning.

Margaret E. Monroe

Madison, Wisconsin
July, 1978

TOWARD A RESEARCH BASIS FOR THE DISTINCTION BETWEEN EDUCATIONAL/HUMANISTIC AND CLINICAL MODES OF BIBLIOTHERAPY

Franklin M. Berry

The main purpose of the present paper is to determine whether or not empirical support can be obtained for the conceptual distinction raised earlier between educational/humanistic and clinical modes of bibliotherapy (1,2,3). The paper will be developed as follows:

(a) First, the conceptual distinction between educational/humanistic and clinical bibliotherapy will be further clarified; of necessity, this clarification will follow a presentation of my conceptualization of the field of bibliotherapy itself; and

(b) Second, specific instances of educational/humanistic and clinical versions of bibliotherapy will be identified from published reports which make up the professional literature of the field of bibliotherapy as I have conceptualized it. This is the empirical aspect of the present paper and, of logical necessity, most of the effort is directed toward determining whether evidence exists for an educational/humanistic mode of bibliotherapy; this follows naturally from the fact that most of the professionals working in the field have generally regarded "bibliotherapy" as a form of psychotherapy, that is, as clinical bibliotherapy.

A Conceptualization of Contemporary Bibliotherapy and Its Major Branches: Clinical vs Educational/ Humanistic Modes of Bibliotherapy

Contemporary bibliotherapy is not a well-articulated or coherent field. It is instead a multifarious collection of techniques and practices in which literature is used in some fashion to structure or organize interpersonal interactions. These techniques and practices are all based on the sharing of literature; the bibliotherapist and his/her participants directly experience some form of literature and they discuss its significance to their lives. In these discussions they initially share their ideas, their feelings and their perspectives aroused by the literature they have mutually experienced; then, the act of sharing itself allows each person to receive feedback from others concerning his/her own unique perception of the experienced literature. The feedback received may be of the direct kind--one person making specific comments to another about the former's ideas/feelings/perspectives which were ostensibly aroused by the mutually experienced literature; or it may be of the indirect kind--one person relates his/her ideas/feelings/perspectives about the shared literature and another listens to this report and compares his/her own perceptions to the former's.

Whether of the direct or indirect kind, the feedback received during the bibliotherapy process seems to be extremely important. A participant initially interprets a literary selection in light of his/her own past history, then, as a result of others' sharing of their perspectives, the literature-as-interpreted is reexperienced and may then come to evoke additional meanings and associated feelings. Of course, the direct kind of feedback may also convey others' perceptions of a given participant ("dishonest," "warm," "intolerant," "friendly"), as well as their perceptions of his/her shared ideas/feelings/perspectives. These "other" points of view can also be presented explicitly--"You are not being honest about how you feel about that poem."--or implicitly--"Are you sure that that's how you feel about that poem?"

Bibliotherapy--A Definition

Given the previous discussion, the following definition is offered for contemporary bibliotherapy:

> Bibliotherapy refers to a family of techniques in which literature is used in some way to structure or organize interactions between a facilitator (or co-facilitators) and a participant (or a group of participants), where the term literature is to be interpreted in the broadest sense possible, where the goal of the process is to benefit the participants in some fashion and where the facilitator, serving as a change-agent, actively attempts to realize his/her goals (and/or the participants' goals).

Given this working definition of bibliotherapy, it becomes apparent that the principal ingredients of bibliotherapy consist of:

(a) The literature which shapes, determines, or colors the nature of the interpersonal interactions, either as initially experienced or as reexperienced following feedback from others' perceptions of the same literature;

(b) The bibliotherapist/facilitator (or facilitators); and

(c) The bibliotherapy-participant (or participants).

It should be noted also that the differentiation of facilitator vs participant roles implies a difference in power/authority/responsibility between the persons playing these different roles and also that the persons involved have different sets of expectations for each other by virtue of their respective roles. That is to say, our working definition implies that: (a) the facilitator leads the interaction and/or determines the form that the interaction takes; and (b) the participant follows the lead of the facilitator and is aware of the fact that the facilitator is to some extent controlling the form of the interaction.

This definition of bibliotherapy also makes explicit the fact that the facilitator has specific goals which he/she wants to accomplish as a consequence of the bibliotherapeutic experience. The implication here, of course, is that the facilitator is actively working to facilitate some change in the participants; further, he/she is (by definition) aware that the power of literature is being harnessed to effect the desired change in the participants (coupled, of course, with the power of feedback from a significant other, e.g., the facilitator or another participant, for producing reinterpretations of the previously experienced literature and concomitantly changes in participants' perspectives).

While the definition offered for contemporary bibliotherapy is not wholly satisfactory, it does possess a number of useful features. One particularly useful feature of the definition is that it is general enough to subsume bibliotherapy practices based on the sharing of preexisting literature as well as those based on the sharing of participant-created literature (that is, bibliotherapy based on sharing the literature-of-others vs bibliotherapy based on sharing the literature-of-self). One has only to consider the great diversity of "preexisting literature," from written poetry, short stories, plays, novels, and so on, to oral literary traditions like fables, folk tales, legends, myths, parables, and so on, to begin to appreciate the extremely wide scope of the proffered definition of contemporary bibliotherapy. When one also considers that contemporary bibliotherapy sessions are frequently based on the sharing of an equally diverse assortment of "participant-created literature" (from written poems, short stories, reminiscences, personal journals, life reviews to oral versions of these same literary forms, and so on), an even clearer picture emerges of the purview of the definition of bibliotherapy under consideration here. Thus, bibliotherapy has both experience-preexisting-literature-and-discuss-it characteristics and create-literature-and-discuss-it characteristics, and both approaches are based on diverse literary forms.

These aspects of contemporary bibliotherapy are elaborated in Figures 1 and 2 in conjunction with two other important dimensions of any bibliotherapy experience:

(a) The nature of the literature experienced (written literature vs oral literature for the preexisting literature dimension; or literature created-in-writing vs literature created-orally for the created literature dimension); and

(b) The nature of the participant's literature experience (experienced/created "in session," i.e., experienced/created during the bibliotherapy session itself; or experienced/created "outside session," i.e., experienced/created outside of the bibliotherapy situation itself but discussed within the bibliotherapy session). The analysis offered in Figure 1 constitutes an integration of bibliotherapy based on preexisting literature (referred to there as emphasizing the participant's receptive language response system) and bibliotherapy based on participant-created literature (referred to there as emphasizing the participant's expressive language response system) with the dimension of nature of the literature experience cited above. The systematization proposed in Figure 1 subsumes the subdivision of bibliotherapy referred to as the "field of poetry therapy" for the most part within Cell A: Reading-discussion poetry therapy; e.g., Leedy (11), Margolis (13), and Cell B: Creating-discussion poetry therapy; e.g., Lauer (10), Schloss (14). Similarly, Shiryon's work with preexisting oral literature (15) is subsumed within Cell B and Leuner's work with creation of literature orally (12) within Cell D.

Given the analysis in Figure 2, in which the nature of the participant's literature experience is explored, one finds that all of the following qualify as bibliotherapy based upon preexisting literature according to the extremely broad conceptual approach to the field taken here:

Nature of the Literature Experienced	Nature of Participant's Linguistic Response	
	Receptive Language[a]	Expressive Language[b]
Written Literature	A Traditional Bibliotherapy (Participant reads literature)	C Creative Writing Bibliotherapy (Participant creates literature in-writing)
Oral Literature	B Oral Literature Bibliotherapy (Oral literature is presented to participant)	D Creative Oral Bibliotherapy (Participant creates literature orally)

[a] From a cognitive psychology point of view the receptive language response to preexisting literature represents an emphasis on input to the mental system or Piagetian assimilation (i.e., creation of new cognitive structures as a result of a person's interaction with his/her environment).

[b] Similarly, the expressive language response which results in created literature represents an emphasis on output from the mental system; such outputs might be expected to greatly facilitate Piagetian accommodation (i.e., a restructuring of the existing cognitive structures such that a new mental organization is obtained which permits new perspectives of the environment).

Fig. 1. The proposed systematization of the field of bibliotherapy based on combining the dimensions of Nature of the Literature Experienced (written vs oral literature) and Nature of the Participants Linguistic Response to that literature (receptive language responses vs expressive language responses).

Nature of the Participant's Literature Experience[a]

(Receptive Language Experience)

Preexisting Literature	Experienced in Session	Experienced Outside Session
Written Literature	A[b]	A
Oral Literature (or Written Literature Presented Orally)	A	A

(Expressive Language Experience)

Created Literature	Created in Session	Created Outside Session
Created in Writing	A′[b]	A′
Created Orally	A′	A′

[a] Note that this analysis assumes that the participant and the facilitator *share* the literature *that they have mutually experienced* in a face-to-face encounter. It is possible that they could do so by phone or letter and so on.

[b] Note also that A and A′ represent literature experiences with a specific literary genre, A to a literary piece existing in the world's literature, A′ to a comparable literary piece created by a participant as an integral part of the bibliotherapy experience. Thus A or A′ could be a poem, a short story, a journal entry, an essay, a play, an autobiographical excerpt, and so on; that is, A or A′ could be *any* conceivable literary form.

Fig. 2. A further analysis of bibliotherapy based on Preexisting Literature (written vs oral) and bibliotherapy based on Created Literature (in writing vs orally) which takes into account the dimension of the Nature of the Participant's Literature Experience (experienced/created in session vs experienced/created outside session).

(1) Reading-discussion group in which the participant's reading experience takes place during the group meeting in which the material is discussed with the facilitator and other participants.

(2) Oral-discussion group in which the participant's listening to oral literature or written literature presented orally takes place during the group meeting in which the material is discussed with the facilitator and other participants.

(3) Reading-discussion group in which the participant's reading experience is completed prior to the group meeting and is followed up by subsequent discussion of what was read with the facilitator and the other participants.

(4) Oral-discussion group in which the participant's listening to oral literature or written literature presented orally (say, as a tape recording) is completed prior to the group meeting and is followed up by subsequent discussion of what was heard with the facilitator and other participants.

One could, of course, also enumerate four comparable illustrations for the situation in which the literature shared in the bibliotherapy session has been created by the participants themselves, either orally or in writing and either within the session itself or prior to the session in which the literature is discussed. The point of all this is, of course, to illustrate the extremely wide scope of contemporary bibliotherapy (or in some cases the potentially wide scope of the field).

Clinical vs Educational/Humanistic Modes of Bibliotherapy

In a series of papers (2,3,4,9) my students and I have argued that the field of bibliotherapy consists of two major branches or superordinate categories, namely, clinical bibliotherapy and educational/humanistic bibliotherapy. The clinical version of bibliotherapy is a form of psychotherapy, per se, while the educational or humanistic version is a learning experience in the self-actualization, self-discovery or general self-development sense. That is to say, clinical bibliotherapy is a class of bibliotherapy applications (involving shared literature as a basis for facilitator-participant interactions) which are conducted within a context that can best be described as a therapy model. Educational or humanistic bibliotherapy, on the other hand, is a class of bibliotherapy applications which are conducted within a context that can best be described as an education model. Both versions of bibliotherapy are conceptualized as classes of applications because there are many versions of clinical bibliotherapy just as there are many versions of educational/humanistic bibliotherapy (e.g., preexisting literature or creative writing approaches to both versions of bibliotherapy can be found in the professional literature of the field).

On the surface, at least, it seems easy to differentiate clinical and educational/humanistic bibliotherapy. When one encounters a report in the literature of, say, a literature-based group-therapy-experience conducted by a psychiatrist with emotionally-disturbed children for the explicit purpose of "curing" the young participants, and then compares this report to another, say, in which a similar "group literature experience" is conducted by an elementary school teacher with young school children for the explicit purpose of fostering attitude change toward minority groups, there is little difficulty in deciding that these are indeed quite different enterprises. This is so despite the fact that similar or identical techniques of using literature may have been employed to structure or organize interactions between a facilitator and a participant. Of course, other reports from the literature of the field of bibliotherapy could be contrasted which are not nearly as distinctive as the examples given;

these reports would obviously be more difficult to categorize as clinical vs educational/humanistic bibliotherapy. What is needed, of course, is a set of operational criteria for assigning different applications of bibliotherapy to one or the other of the two general classes of bibliotherapy experiences. Knowing how one ought to proceed, however, does not insure success. Consider the following quote from Berry (5) which I now believe to be in error: "Given these specifics, I believe that it will become clear that the features which distinguish clinical vs educational/humanistic bibliotherapy are: (a) the different facilitator roles and functions, i.e., therapist vs general group leader/manager/discussant; (b) the different characteristics of the participants ('sick' vs 'well' or patients or clients vs students or volunteers); (c) the different goals of the bibliotherapeutic process ('getting well' vs self-actualization or attainment of some educational goal)."

I now believe that we had the right idea in this earlier attempt to articulate the distinction between the clinical and educational/humanistic modes of bibliotherapy, but our focus was too broad. Also, please consider the following quotation from Berry (2) which illustrates a narrower but still incorrect focus: "For the rest of this paper, I will speak of clinical bibliotherapy when I am talking about bibliotherapy for the 'sick' and I will talk about 'educational' bibliotherapy when I am talking about bibliotherapy for the well."*

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*Other writers have also recognized that bibliotherapy is a bipartite field and they have had similar difficulties in clearly articulating the nature of its two branches. For example, Burt (7), in discussing the kinds of bibliotherapy practices distinguished "the implicit kind as practiced by librarians, educators, etc., or the explicit kind as practiced by psychiatrists. . . ." (p. 2) Brown (6), in her chapter 1, "Definitions: The Two Aspects of Bibliotherapy," approached the bipartite nature of the field by differentiating "the science of bibliotherapy" (which was seen as

In this initial statement of the distinction between educational/humanistic and clinical bibliotherapy, our attention was focused on the mental health status of the participants. I now believe that the facilitator's training is the criterial attribute for distinguishing between clinical vs educational/humanistic modes of bibliotherapy. The qualifications, training, and background of the facilitator seem to be the essential determinant of whether a literature-based interpersonal interaction can qualify as clinical bibliotherapy, that is, bibliotherapy as psychotherapy *qua* psychotherapy. Only a trained psychotherapist can conduct clinical bibliotherapy sessions; such a person has to have received training in psychotherapy, possess knowledge of personality and, importantly, group dynamics. What I am saying here is that the term clinical bibliotherapy should be reserved for treatment of mental disorder or maladjustment by a professionally trained person, that is, by a person trained in psychotherapy, per se. The person could be a clinically-trained librarian, a counselor, a psychiatrist, a social worker, a psychologist, a clinically-trained minister, or whatever. The point here is that only professionally trained persons can "really" conduct clinical bibliotherapy sessions.

It is also important to point out that professionally trained bibliotherapy facilitators are also qualified and capable of conducting educational/humanistic bibliotherapy sessions--when it suits their purposes. In contrast, many persons who are quite capable of conducting educational/humanistic bibliotherapy sessions--working from an educational model, often with a general goal of increasing

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associated with medicine and psychiatry and requiring the cooperation efforts of doctors, nurses, and librarians) from "the art of bibliotherapy" (which was seen as the non-medical aspect of bibliotherapy which could be practiced by ". . . a librarian, teacher, guidance counselor, welfare worker--almost anyone. . . ." (p. 4) empathetic understanding, self-acceptance or feelings of self-worth--are quite incapable of conducting clinical bibliotherapy sessions. While teachers, school counselors, public librarians, poets, nurses, ministers, penalogists, and so on may be extremely effective facilitators of educational/humanistic bibliotherapy enterprises, they are not qualified, without specific training in psychotherapeutic techniques, and competencies derived therefrom, to conduct clinical bibliotherapy sessions. This is not to say that such persons should not work with the mentally ill; many, many nonprofessionally trained persons (with respect to psychotherapy) volunteer their services and work with the mentally ill but such work is under professional supervision. Given this sort of reasoning, it is possible for a "lay" person (again with respect to psychotherapy training) to volunteer to conduct bibliotherapy sessions with mental patients (working under the supervision of a professionally trained psychotherapist) but such "volunteer-led" sessions are not psychotherapy *qua* psychotherapy; instead, they would represent instances of educational/humanistic bibliotherapy held within a clinical setting.*

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*It is extremely important to recognize that many activities are therapeutic without being therapy, per se; educational/humanistic bibliotherapy is just such an activity in the sense that it is most definitely not psychotherapy.

It is also important to note that educational/humanistic bibliotherapy applications are extremely widespread, especially as applied to independent older Americans via the Senior Center Humanities Project offered by the National Council on the Aging, Inc. in more than 300 separate locations throughout the U.S. Consider the following quotation from Berry (4):

> ". . . I would like to share my perspective with you concerning the Senior Center Humanities Project and the field of bibliotherapy. In short, I believe that most of the applications of the humanities project are an example of educational bibliotherapy. Interpersonal interactions are centered about and structured by the sharing of literature, most of the group leaders are efficient discussion leaders who are fulfilling 'teacher' models and most are not

The Educational/Humanistic vs Clinical Distinction and the Literature of the Field: A Pilot Study

In this initial attempt to determine whether or not empirical support could be obtained for a comprehensive subdivision of the field of bibliotherapy into clinical bibliotherapy and educational/humanistic bibliotherapy, we made use of our three-year-long efforts to develop a comprehensive bibliography of the professional literature of the field (8). Unfortunately "our" bibliography as it exists today does not yet contain most of the literature of poetry therapy or most of the creative writing approaches to bibliotherapy (especially the extensive literature based on journal and/or "diary" keeping). Despite this fact, over 2,000 references were examined. Within this body of reports, "bibliotherapy" experiences were based on pre-existing literature almost exclusively; it should be noted also that many of these citations, especially many older ones, would not meet our definition of bibliotherapy because they did not entail discussion of the literature by the facilitator and participant.

Another shortcoming of this initial empirical effort was the fact that we did not have the two-thousand-some-odd references available to consult directly to determine for ourselves (if possible from the primary source) whether or not the facilitator was a professionally trained psychotherapist or rather a "lay" practitioner (i.e., untrained

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clinically-trained psychotherapists. This is to say, the elderly participants are functioning as students and the group leader as a facilitator of an educational experience which has a specifically stated goal: self discovery through the humanities. In the case of the Images of Aging in Literature Module we have what I consider to be a pure case of educational/humanistic bibliotherapy based on the sharing of various kinds of pre-existing literature, in this case, poems, short stories, plays, excerpts from autobiographies and so on."

in psychotherapy per se). We did have annotations from a number of different sources for a number of our references; where we had these, they were read and used to help us arrive at a judgment as to whether or not the reference in question was most likely an example of clinical bibliotherapy or an example of educational/humanistic bibliotherapy. Where we did not have annotations, we categorized references (in a two-choice, forced-choice manner) solely on the basis of the title of the article. In so doing we took into account where the reported bibliotherapy experience took place and we made assumptions on this basis--for example, for a bibliotherapy reference in which fourth grade children were the participants in a public school setting, we assumed that the facilitator was not a trained psychotherapist called in to work with children randomly selected from the fourth grade. In a word, we categorized such an article as an instance of educational/humanistic rather than clinical bibliotherapy.*

Given all these limitations, the principal results of the present pilot work were:

(1) that 1625 citations were categorized as clinical bibliotherapy; and

(2) that 579 citations were categorized as educational/humanistic. It should be noted that these figures are inflated somewhat by the fact that a given citation may be present in more than one category of "our" bibliography; since we do not know if the duplication occurs equally often in the clinical and educational/humanistic categories, one

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*The author would like to acknowledge the efforts of his student, Ms. Deborah Trueman, in this initial attempt to categorize the literature of the field of bibliotherapy; he would also like to point out that these early efforts to organize the literature of the field of bibliotherapy are to be followed up by referring to primary sources as the basis for categorization. This extensive work will be biased, however, toward more recent research.

should not draw the conclusion that clinical bibliotherapy references are three times as numerous as educational/ humanistic references but rather that these appear to be more numerous than educational/humanistic citations. In future work we hope to clear up many of these ambiguities.

With regards to the primary purpose of the pilot study, that is, for determining whether or not evidence exists for an educational/humanistic mode of bibliotherapy (as distinct from clinical bibliotherapy), Table 1 was developed. This table is a random selection of approximately 5 percent of the citations we have categorized as educational/ humanistic bibliotherapy. The citations in Table 1 are presented with all of the information we had available for categorizing them as appropriate: (a) title-only; and (b) title and annotation (or annotations). They are also presented as we have subject-indexed them.

It is the opinion of the present writer that at least some of the references cited in Table 1 strongly support the notion that educational/humanistic bibliotherapy is a distinct branch of the bibliotherapy field. The articles cited under the headings Adjustment, Adjuvant to Treatment, Book Selection - Children, Juvenile Delinquency, Teachers' Attitudes, and Uncategorized (see the last reference cited in the table) seem particularly provocative in this regard. When it is recalled that approximately 500 additional references were also categorized like those in Table 1, it seems reasonable to expect that a sizeable number of them are relatively clearcut examples of a version of bibliotherapy which is not a form of psychotherapy at all, namely educational/humanistic bibliotherapy.

TABLE 1

A Five Percent Sample of Bibliotherapy References Categorized as Instances of Educational/ Humanistic Bibliotherapy

(Randomly Selected from 579 Citations)

Adjustment

Rivlin, H. Education for Adjustment. New York: Appleton, 1936.

"A general mental hygiene point of view. Indicates how the principles of mental hygiene can be applied effectively in the classroom through the teacher's attitude, school activities, and procedures without involving her in the responsibilities and duties of the trained psychiatrist. Implications for bibliotherapy."

Adjuvant to Treatment

Bryan, A. I. "Personality Adjustment Through Reading," Library Journal 64 (August 1939):573-576.

"A professor of library education (also trained in psychology) describes how the progressive, interested and trained reader's adviser might guide patrons toward improved mental health through reading recommendations aimed at keeping readers adjusted to their personal problems."

Adolescence

Carlsen, G. R. "A Study of the Effect of Reading Literature about the Negro on the Racial Attitudes of a Group of Eleventh-Grade Students in Northern School." Ph.D. dissertation, University of Minnesota, 1948.

Book Selection

Smith, D. V. "Nature of the Reading Program to Meet Personal and Social Needs." In Promoting Personal and Social Development Through Reading, ed. W. S. Gray, Supplementary Educational Monographs, 64 (Chicago: University of Chicago Press, 1947), pp. 11-16.

"A general discussion of reading and its usefulness in assisting children and youth in solving social and personal problems. Useful discussion of program and criteria. Also included is a list of suggested book titles."

Book Selection - Children

Dolch, E. T. "Books for the Hospitalized Child," American Journal of Nursing 61 (December 1961):66-68.

TABLE 1 - Continued

"The author points out that books are as much a source of information, entertainment, and security for the pre-school child as the adult. She submits that there is hardly a more effective way of gaining the confidence of and relieving the physical and emotional discomfort of the hospitalized child than reading a charming or exciting picture book to him. She discusses the psychology of the confined child and indicates what types of books are best suited to meet children's needs. General developmental characteristics of children are reviewed briefly and stressed as essential considerations in book selection."

Book Selection - Handicapped

Sell, V. and others (Comp.). Subject Index to Poetry for Children and Young People. Chicago: American Library Association, 1957.

Citizenship

Citizenship Education Project. Resources for Citizenship. New York: Teachers College, Columbia University, 1955.

"An annotated guide to the selection of materials useful in the teaching of American citizenship in junior and senior high schools. Materials cited and annotated include books, pamphlets, documents, films, filmstrips, and recordings. Materials are indexed to provide easy location of appropriate selections covering personal, social, economic, and civil rights and responsibilities."

Drama

American Library Association. Board on Library Service to Children and Young People. E. D. Briggs, Chairman. Subject Index to Children's Plays. Chicago: American Library Association, 1940.

Fiction

American Association of Home Economics, Committee on Home Economics in Education Through Libraries (Comp.). Books of Fiction Dealing with Home and Family Living. Washington: American Association of Home Economics, 1948.

Foster, William E.

Sherman, Clarence E. "William E. Foster: Liberal Librarian," Wilson Library Bulletin 30 (September-June 1955):449-453.

TABLE 1 - Continued

Interests of Adults

American Library Association, Adult Services Division, Committee on Library Service to an Aging Population. "Statement on the Library's Responsibility to the Aging," American Library Association Bulletin 53 (April 1964): 321.

Interests of Adolescents

Eaton, Anne Thaxter. Reading with Children. New York: Viking Press, 1940.

Juvenile Delinquency

Bander, E. J., and Bander, F. W. "A Novel Approach to Juvenile Delinquency," National Probation and Parole Association Journal, July 1955, pp. 25-30.

"The authors discuss the role of fiction as a resource for social workers dealing with juvenile delinquents. They suggest and analyze a number of titles and indicate how they apply to each of several categories of problems. These include selections dealing with economic backgrounds, religious settings, problems of the broken home, racial relations, parental neglect, sexual immorality, etc. The authors challenge the social worker to acquaint himself with at least the literature discussed so that he might suggest appropriate titles to parents and delinquents."

Problems of Behavior in Children

Uger, C. "The Relation of Teachers' Attitudes to Children's Problem Behavior," School and Society 47 (February 19, 1938):246-248.

Reading, Remedial

Bruell, E. "How to Block the Reading Blocks? Read!" Peabody Journal of Education 44 (Summer 1966):114-117.

Service to Patients Blind

Thoughts for National Library Week (a special issue), New Outlook for the Blind 58 (April 1964):97-125.

"Anyone remotely interested in library service to the blind should read this excellent series of articles. Included are: (1) Report on blind readers, by Eric Josephson, pp. 97-101; (2) Public relations plan for better library service, by Adeline Franzel, pp. 101-105; (3) Books for the blind, a postscript and an appreciation, by Howard Haycraft, pp. 106-110; (4) Growth of a library service for blind readers, by R. S. Bray, pp. 111-114; (5) Pocket book machine, an experiment in gain-

TABLE 1 - Continued

ing time, by Burnham Carter, pp. 115-116; (6) Tape cassette system proposed by the Library of Congress, pp. 117-119; (7) Answer to the blind musician's plight, by M. J. Wintle, pp. 120-121; and (8) Use of the small group in the helping process, by S. S. Saul and others, pp. 122-125."

Social Adjustment

Mary Agnes, Sister. "Bibliotherapy for Socially Maladjusted Children," Catholic Educational Review 44 (January 1946):8-16.

Teachers' Attitudes

Mary Doloretta, Sister. "A Primary Teacher's View of Bibliotherapy," Catholic School Journal 54 (February 1954):39-41.

Teaching Reading

Heilman, Arthur W. Principles and Practices in Teaching Reading. Columbus, Ohio: Charles Merrill Book Co., Inc., 1961.

Textbooks

Child, I. L., E. H. Potter, and E. M. Levine. Children's Textbooks and Personality Development: An Exploration in the Social Psychology of Education 60, no. 3, Evanston, Ill.: American Psychological Association (Northwestern University), 1946.

Values of Reading

Rosenblatt, L. M. "The Enriching Values of Reading," Reading in an Age of Mass Communication, ed. W. S. Gray. New York: Appleton-Century-Croft, Inc., 1949, pp. 19-38.

Uncategorized

Brooks, A. "Developmental Values in Books." In Youth, Communication and Libraries, ed. F. Henne. Chicago: American Library Association, 1949.

Uncategorized

Cianciolo, Patricia J. "Children's Books Can Reflect the American Style of Living," Elementary English 41 (1964):773-777, 822.

"Endeavors to identify the literature for children that reflects some of the values by which Americans today are guided in their public and private lives. Bibliography indicates grade level."

TABLE 1 - Continued

Uncategorized

Gast, David K. "Minority Americans in Children's Literature," *Elementary English* 44 (1967):12-23.

"An analysis of the characterizations of minority group Americans as presented in 42 fiction books published for children between 1945 and 1962 (based on the author's doctoral dissertation)."

Uncategorized

Landau, E. D. *Child Development Through Literature*. Englewood Cliffs, N.J.: Prentice-Hall, 1972.

Uncategorized

Lodge, H. C. "The Influence of the Study of Biography on the Moral Ideology of the Adolescent at the Eight-Grade Level." Doctoral dissertation, University of California, 1953.

"An attempt to ascertain empirically whether eighth graders in two California school systems were influenced by the reading of biographies."

Uncategorized

Russell, David H. "Teachers' Memories and Opinions of Children's Literature," *Elementary English* 26 (1949): 475-482.

"An analysis of the values of childhood reading reported by 100 teachers."

Uncategorized

Smith, Nila Banton. "The Personal and Social Values of Reading," *Elementary English* 25 (December 1948):490-500.

Uncategorized

Squire, James R. "Emotional Responses to a Short Story," *Reading Teacher* 9 (1955):30-35.

"A study of the responses of four fifteen-year-old boys to a short story."

REFERENCES

1. Berry, F. M. "Toward a Conceptualization of Literature-based Therapies." Paper presented at the Third Bibliotherapy Round Table, Atlanta, 1976.

2. Berry, F. M. "Analysis of Processes in Bibliotherapy." Paper presented at the Fourth Bibliotherapy Round Table, Washington, D.C., 1977. (a)

3. Berry, F. M. "Distinguishing between Educational/Humanistic and Clinical Uses of the Arts." Keynote address presented at the New England Council on Creative Therapies Inc.'s Fifth Annual Interdisciplinary Conference, Durham, N.H., 1977. (b)

4. Berry, F. M. "Bibliotherapy and the Senior Center Humanities Project." Paper presented at the annual meeting of the National Council on the Aging, Inc., St. Louis, 1978.

5. Berry, F. M. "Contemporary Bibliotherapy: Systematizing the Field." In Bibliotherapy Sourcebook, pp. 185-190. Edited by R. J. Rubin. Phoenix, Ariz.: Oryx Press, 1978.

6. Brown, E. F. Bibliotherapy and Its Widening Application. Metuchen, N.J.: Scarecrow, 1975.

7. Burt, L. "Bibliotherapy: Effect of Group-Reading and Discussion on Attitudes of Adult Inmates in Two Correctional Institutions." Doctoral dissertation, University of Wisconsin, 1972.

8. Ellis, L. B., and Berry, F. M. "A Partial Listing of Sources Related to Bibliotherapy and Poetry Therapy: A Second Run at a Comprehensive Listing, 1976." Mimeographed, 62 pages.

9. Goodnow, D., Honaker, K., and Berry, F. M. "The Two Bibliotherapies Applied to the Aged." Paper presented at the annual meeting of the Georgia Psychological Association, Atlanta, 1977.

10. Lauer, R. M. "Creative Writing as a Therapeutic Tool." Hospital and Community Psychiatry 23 (1972):55-66.

11. Leedy, J. J. "Principles of Poetry Therapy." In Poetry Therapy, pp. 67-74. Edited by J. J. Leedy. Philadelphia: J. G. Lippincott Co., 1969.

12. Leuner, H. "Guided Affective Imager (GAI): A Method of Intensive Psychotherapy." American Journal of Psychotherapy 23 (1969):4-22.

13. Margolis, G. F. "The Use of Poems in Counseling Therapy and Practice." Doctoral dissertation, State University of New York at Buffalo, 1971.

14. Schloss, G. A. Psychopoetry: A New Approach to Self-Awareness through Poetry Therapy. New York: Grosset & Dunlap, 1976.

15. Shiryon, M. "Group Literatherapy: A Bibliotherapeutic Approach." Paper presented at the 13th Annual Scientific Conference of the Golden Gate Psychotherapy Society, San Francisco, 1972.

SUMMARY OF ORAL PRESENTATION

by Franklin M. Berry June 21, 1978

1. The two major points of my paper are (1) a definition of bibliotherapy and (2) a structuring of the field into two basically different modes: clinical and educational/humanistic. A subsidiary purpose was to offer empirical support for the conceptual distinction between the two modes of bibliotherapy.

2. Bibliotherapy differs from other forms of therapy by its reliance on literature. It is most commonly practiced as group therapy in which literature as experienced by individual participants is shared with others. Once the initial literary experience is shared with others, then the literature is no longer by itself the agent for change. The Shrodes model is only partially relevant as an "explanation" of this kind of bibliotherapy, because others' perceptions and the guidance of a trained facilitator lead the participant to a richer and more complex view of the literature than he or she had on initial reading.

3. The facilitator is a change agent who "actively attempts to realize his or her own goals and the participants' goals"; bibliotherapy does not happen by accident but rather by design. The facilitator knows what is going on, and arranges the bibliotherapy situation based on prior knowledge and experience. Typical goals for specific change through "harnessing literature to effect change for the participants' good" are: help people get in touch with themselves, with their own ideas and feelings; help people get out of a mental hospital; help people to become less bored; and to get more out of life, thus to decrease their psychological isolation.

4. In the 1930s the basic concept of bibliotherapy focussed on the use of preexisting (published) literature, "often as assigned reading." Now bibliotherapy also includes use of "participant-created literature." Now poetry writing, journal keeping, and reminiscing all provide the basis for sharing experiences and feelings in the group. Older adults find reminiscing to be an especially important mode of bibliotherapy; it helps them increase their sense of self-esteem and to feel better about themselves.

5. The two charts in the paper provide some basic analysis of some aspects of bibliotherapy which take into account the major elements in the variant forms of bibliotherapy: presenting preexisting literature vs. opportunities to create literature; using oral literature vs. written literature; having literature experiences in the group session vs. having it experienced prior to the session and recalled within the group session; having literature (whether oral or written) created within the session vs. having it created prior to the session in which it is discussed. These charts are designed to begin a structuring of the field that will make it possible to define certain specific versions of bibliotherapy which can then be studied empirically, a step essential to producing a systematic body of bibliotherapy research.

6. As indicated in the paper, Berry sees the distinction between the two major modes of bibliotherapy (clinical and educational/humanistic) to rest on the training of the facilitator as a therapist or as an educator. His earlier perception of the equal importance as criteria of the mental health status of the participants (sick or well) and of the nature of goals (getting well vs. self-actualization, for example) has been subject to critical review, and he sees the lines between "sick" and "well" to be vague and the goals of the two modes

to be the same. "Facilitator training is the criterial attribute. Only a person professionally trained in psychotherapy, personality, and group dynamics can perform clinical bibliotherapy." Berry emphasized that while an educator might volunteer to conduct bibliotherapy sessions with institutionalized mental patients, and that while such efforts might be therapeutic to the participants, the process would not be psychotherapy; it would instead be an instance of educational/humanistic bibliotherapy conducted with a clinical population.

DISCUSSION OF FRANKLIN M. BERRY'S PAPER AND PRESENTATION

June 21, 1978

1. Taking off from the final point of Berry's oral presentation, Casey and Test questioned whether the "training" of the facilitator could be considered the critical factor in distinguishing between clinical and developmental (educational/humanistic) modes of bibliotherapy, especially since Berry attested that clinically trained bibliotherapists could (and did) conduct educational/humanistic groups as well. Test accepted Berry's earlier distinctions based on a composite of three criteria: facilitator skills, mental health status of participants, and nature of goals (therapy vs. self-actualization). "Clinical bibliotherapy requires a sick group with the goal of overcoming the dysfunction, as well as a clinically trained facilitator." Gandel added that clinical bibliotherapy requires the facilitator to set goals, while developmental bibliotherapy makes it important to have participants fully share in the goals.

2. Hinseth raised the issue of the difference in the "contract" of the participants in the group, whether clinical or developmental (educational/humanistic), and she suggested that participant goals, why they came to the group, and what it is legitimate to involve them in, differ in the two kinds of bibliotherapy. She recognized that once in a group, participants might be ready to rewrite "the contract" and move from educational to clinical modes. Monroe pointed out that a full sharing of goals between facilitator and participants in the developmental mode was the typical "writing of the contract," and that the clinical mode might be distinguished by the fact that the facilitator might not so fully share the goals. Berry pointed out that the psychotic may not be able to articulate goals.

3. In considering the "contract" which public library groups may be implicitly "writing" as they convene for book discussion, Test wondered whether their "consent" to bibliotherapy of either mode would not be ambiguous since even those of us most knowledgeable are still working to define bibliotherapy. Casey pointed out that the public librarian typically is not clinically trained and knows relatively little of the inner personality of the patrons with the implication that the clinical mode is not a public library mode. Blackshear commented that the public librarian often found herself in situations where she wished she were clinically trained! Rubin pointed out that the public librarian's individual help is at the readers' advisory level only, and that the reader initiates the request for specific help, thus establishing the "contract." Only in group bibliotherapy is the public librarian involved in counseling those who expect to share their views with others, and the group itself is an added guarantee of privacy or consent (one need not contribute beyond one's desire).

Parks noted that even in mental institutions, people need to know what they are agreeing to, and that sharing of goals at some level is essential.

4. Merriam raised the question as to whether bibliotherapy is an adjunctive therapy or an independent therapy, seeing this as an important distinction in terms of the "contract" and the guarantees. It may be that presence in an institution constitutes consent for all therapeutic approaches. Hynes reported that at St. Elizabeth's Hospital in Washington, D.C. she is using bibliotherapy as adjunctive, working with psychotherapists in relation to a broader program of therapy for each individual. Nevertheless, she said, as the training program develops, bibliotherapy will become an independent therapy.

5. In the context of Hynes' emphasis on a training program, Monroe raised the question: "What are the qualitative demands of the bibliotherapeutic process on the bibliotherapist that justifies specific training for bibliotherapy? Is training to provide specific skills that reduce danger to the patient or participant? Or is it in knowing procedures and techniques with literature, discussion, and therapy? Or is it the need for special insights into human needs? Is it to provide the facilitator skills in sequencing the insights to which he guides the group? What is the basis in the therapeutic process for asserting the need for psychotherapeutic training for those conducting clinical bibliotherapy?" Luber responded that in psychotherapy training currently, educational approaches are made through clinical training, and that a facilitator must approach clinical practice with a knowledge of when and whether to use bibliotherapy or what other approach is needed. Luber acknowledged that training in bibliotherapy per se has not been available, but that the

broad clinical experience provided in medicine, education, nursing education and the like provides a basis for judgment. This breadth is needed by the bibliotherapist. The implication, however, was clearly that there are not yet precise pieces of knowledge in bibliotherapy that are based on theory, but that practices and techniques in bibliotherapy are to be supplemented by the knowledge base and theory from related fields. Unquestionably, in Luber's view, training is needed, but the base of knowledge in bibliotherapy itself is too limited at this time to put an emphasis here.

6. Parks, as a public librarian with mental institution library experience, made the point that it is important to identify the personal qualifications which are needed for the task rather than look solely at the specific body of knowledge to be mastered. So important is this that she is beginning to prefer hiring staff with the personal qualifications ("value-belief systems") needed, and to encourage them to secure the needed training after employment. Berry countered that there are probably different training programs needed for clinical and educational/humanistic modes of bibliotherapy, implying that the personal qualifications may indeed be quite different.

7. Test, at this point, asserted that "it is a mistake to think of there being only one bibliotherapeutic process. 'Literature can help people change' is our basic agreement. Then we need to ask 'How can literature help people change?' From there we need to go into personality theory and the theories of how people change (behavioral therapy, psychodynamic therapy, gestalt therapy) and see how literature fits into each theory and how literature can facilitate that change process. We probably would come up with a number of bibliotherapeutic processes, each related to a particular theory of personality." She offered as examples: behavior theory

would predict that people change by learning new roles and incentives, and that literature could provide good role models and help on how to change in certain situations; or behavior theory would predict that people change through learning the consequences of their behavior, and literature could show the consequences of certain actions; psychodynamic theory, on the other hand, suggests that people change through uncovering unconscious content and making it conscious and getting insight, and literature could be provided reflecting the specific problem areas. "We must start with how people change."

8. Casey saw Test's remarks as confirming bibliotherapy as an adjunct therapy, and distinguished the "general reader" from the "outpatient in the community." She nevertheless supported the one-to-one bibliotherapy provided by the public librarian in which the literature serves as a third party to the discussion. Monroe, accepting this, pointed out that the structure of reading guidance (based on reader choices) is very different from one-to-one bibliotherapy (which requires some degree of reader confrontation by the materials read).

9. Berry stated that he saw bibliotherapy in correctional settings as educational/humanistic rather than clinical, that crime and mental illness are not synonymous, and that in this context the participant (as well as the facilitator) dictates the mode of bibliotherapy. "The clinically trained bibliotherapist leading groups in non-clinically oriented setting does different things, but what those differences are cannot yet be defined. Yet how much depth is achieved is determined not only by the clinically trained bibliotherapist but also in part by the participants." Test asked Berry whether he operates from a personality theory to predict how the interactions achieve the goal.

Berry responded that he does not work from a theory of personality but relies on measuring interventions and their results. Test countered: "What you as facilitator say in a group must arise from what you think will make the change happen." Gandel referred to the broad literature on bibliotherapy arising from literature classes as elementary, secondary, and higher education levels, focussing on attitude change, development of group cohesiveness, providing role models, strengthening self-concept in a behavioristic process, as illustrations of personality and change theory orientations to bibliotherapy. Luber concluded the session with a call for research into bibliotherapy: What does it do? What does it do better than other processes? "We don't have the answers yet."

So, the first session concluded with the major concerns in the Seminar brought into discussion: distinctions among types of bibliotherapy; the significance of education for leadership of the activity; the role of the librarian in team work with clinically-trained personnel; ethical considerations for the protection of participants.

RELATION OF BIBLIOTHERAPY TO PSYCHIATRIC THEORY

Lois Hinseth

In the treatment of this topic I propose to do two separate but related things: first, document from the psychiatric literature that psychiatric theory is not at present in any definitive state within itself; second, relate bibliotherapy to psychotherapy as it is now practiced.

In an effort to demonstrate to you the yeasty, creative disarray in which psychiatric theory finds itself today, I will share with you, in narrative bibliographic fashion, the results of some fairly intensive reading in this area over the past few weeks.

Jerome Frank, in his Preface to Persuasion and Healing, states:

> The hypothesis of this book is that features common to all types of psychotherapy combat a major source of the distress and disability of persons who seek psychotherapeutic help. The source of this distress may be termed demoralization--a sense of failure or of powerlessness to affect oneself and one's environment. Psychotherapies may combat the patient's demoralization not only by alleviating his specific symptoms of subjective distress and disordered behavior but also, and more importantly, by employing measures to restore his self-confidence and to help him to find more effective ways of mastering his problems. . . . In conjunction, these features intrinsic to all psychotherapies help the patient to clarify his symptoms and problems, inspire his hopes, provide him with experiences of success or mastery, and stir him emotionally. . . .
>
> This view does not exclude the possibility that for some forms of distress or disturbed behavior or with certain types of patients, one technique may indeed have more powerful healing effects than another. . . .

> The thesis of this book is that it is worthwhile to explore features shared by all psychotherapies, because evaluation of the differential effectiveness of different techniques, if any, will depend to a large extent on one's ability to determine the effects of those features common to all. . . . (6:xvi-xvii)

Concerning the criteria for what he will consider psychotherapy from which to draw his commonalities, he says:

> We shall consider as psychotherapy only those types of influence characterized by:
>
> 1. a trained, socially sanctioned healer, whose healing powers are accepted by the sufferer and by his social group or an important segment of it.
> 2. a sufferer who seeks relief from the healer
> 3. a circumscribed, more or less structured series of contacts between the healer and the sufferer, through which the healer, often with the aid of a group, tries to produce certain changes in the sufferer's emotional state, attitudes, and behavior. All concerned believe these changes will help him. Although physical and chemical adjuncts may be used, the healing influence is primarily exercised by words, acts, and rituals in which sufferer, healer, and--if there is one--group, participate jointly. (6:2)

Dr. Frank points out that primitive healing, religious conversion, so-called brain-washing, and placebo administration by a physician all fit this definition. He then examines commonalities and differences between these and a wide variety of psychotherapeutic activities and relates them to experimental studies of the transmission of influence. While bibliotherapy might claim inclusion as a psychotherapy by his criteria, not all bibliotherapists would wish to be included with his full array.

Edward Bordin, in Research Strategies in Psychotherapy (3), lists several ways of targeting research. He classes as the three basic sources of research questions: clinical experience and common sense, theories of human behavior and of psychotherapy, and the juncture points between competing theories. He analyzes criteria in terms of outcome or process categories (see Addendum i, p.47) and discusses the interrelationships among outcome criteria as shown in the illustration (3:37). He also treats the problems of measurement difficulty in relation to these criteria. He discusses tactics and simplification in regard to process and then covers setting, therapeutic intervention, personality of the therapist and personality of the patient as variables. All of this should be relevant to the design of research on bibliotherapy as psychotherapy.

The wide range of psychotherapeutic theory, from psychodynamic to behavioral, is well documented by A. R. Mahrer in his Goals of Psychotherapy (12). In view of this great diversity, Bordin's postscript is interesting:

> My review uncovers the fact that there have been few critical empirical confrontations between competing theories and practices of psychotherapy. One reason for such a lack is the unevenness of empirical investigations from within each framework. Client-centered therapy and behavior therapy have been the most thoroughly investigated. Although there have been almost as many studies of psychoanalytically oriented ideas, they are relatively scarce when viewed against the range and complexities of the theory. Research has concentrated on a few aspects (e.g., interpretive interventions and patient response--even these rather incompletely); such areas as transference and countertransference especially as process phenomena, are hardly touched. Neopsychoanalytic, Gestalt and existentially oriented psychotherapies are virtually untouched by empirical examination. Incidentally, I find myself watching with great anticipation the growing preoccupation of behavior therapists with ideas and research on self-control. At present they are most concerned with, in effect, the transfer to the selection and control for reinforcements from the therapist to the patient. Before long, I anticipate, not without some glee engendered from old scars, that this attention to self-control will sensitize them to the self-defeating self-controls that human beings are capable of developing. Moreover, they will begin to see these self-controls as the source of some of the human phenomena that are most resistant to change. If and when such a point is reached, the most mean-

> ingful and constructive research critical to the choice between psychodynamic and behavior views will evolve. (3:221)

Bibliotherapists, whose major early identification was with psychoanalytically oriented psychotherapy (15) but who now have an interesting ally in the behavior camp (14), may also be interested in such a development.

Indicative of the variety of psychotherapies whose methods and theories appear to be in real opposition is the appearance of a genre of composite books in which a topic is approached by a representative from each of various schools. The four major schools--psychoanalytic, client-oriented, learning theory, and behavior modification--are usually represented by an orthodox author; and the books distinguish themselves from one another by the number and selection of secondary schools of psychotherapy that are included. Theories of Counseling and Psychotherapy, edited by C. H. Patterson, contrasts the application of each theoretical framework in both a counseling and a deeper therapy setting. Patterson's culminating model, "A Continuum of Helping Relationships" (Addendum ii, p. 47), illustrates for five facets of the helping relationship the continuum characteristic of the library's helping relationship as it moves from information giving to bibliotherapy.

Emanuel Hammer is the editor of Use of Interpretation in Treatment; Technique and Art (8) in which the whole area of to-interpret-or-not-and-if-so-when-and-how is given careful and wide discussion. In view of Shrodes's identification with the psychoanalytic stance on this as a criterion for literature selection in the 1930s, serious bibliotherapists would do well to study the divergence of opinion extant today. Hammer's own chapter on "The Use of Imagery in Interpretive Communication" (8:148-155) might be of special interest, with bibliotherapists agreeing on the importance of his distinction: "Words are more distant abstractions than are pictures. Pictures are closer to the concrete, to the actual. And word-pictures fall between these two communicative levels" (8:152). Albert Ellis, in "A Rational Approach to Interpretation" (8:232-239), emphasizes logic in interpretation. Herbert Holt, in "The Problem of Interpretation from the Point of View of Existential Psychoanalysis" (8:240-252), probably comes closest to the position of the people in this seminar when he says:

> If therapy is, in a sense, communication about how words are understood, the need expressed in the request for treatment is the need to find a new language for all relationships. The therapist therefore concerns himself not just with internal fantasies, but also with the ways in which his patients link their fantasies with words and the ways in which they communicate with others in the affairs of their everyday lives. Since therapy is a unique, even artificial, mode of relationship, it is important to discover whether it is consistent with relationships to others in family and working situations. (8:251)

In the same book, Robert Wold's chapter on "The Role of Interpretation in Psychotherapy with the Aged" (8:332-338) will be of interest to any librarian serving the elderly. Susan Deri, in "Interpretation and Language" (8:141-147), tells us:

> The deadness of empty, mechanized language, the ever-present verbal-sound noise, and the lack of fruitful silence in our society are as much the symptom of a sickness of gradual wholesale depersonalization as is the autistic language of a schizophrenic the sign of an individual sickness.

Overview of the Psychotherapies, edited by Gene Usdin (17), is derived from the interestingly structured 1974 annual meeting of the American College of Psychiatrists. A video-taped interview with a patient, with a generalized intake content, was shown and then the various contributors, representing different theoretical persuasions, explained to the assembled members how they would have conducted the interview differently and/or what they would do in a second interview and subsequently, underpinning their presentation with their theory. Jerome Frank, in the first chapter, "An Overview of Psychotherapy," begins:

> The prospect of preparing an overview of psychotherapy in America today is enough to make the most stouthearted quail. Gone are the days when the scene could be encompassed by Freud, Jung and Adler, with side-glances at Rank, Horney and Rogers. In the last two decades, psychotherapy has been undergoing a continuous explosion, and the end is not in sight. Its targets have spread from individuals to families and groups, and now whole neighborhoods. Methods range from traditional interviews to tickling, nude marathons and elaborate rituals of meditation; practitioners have broken the bounds of the traditional disciplines and now include many whose only training is having undergone the therapy they offer to others, or who are simply fellow sufferers. The settings in which therapy is conducted have burst out of hospitals and offices to living rooms, motels and resorts, and new psychotherapies spring up almost overnight.
>
> This lush overgrowth, of course, is in response to public demand, which seems insatiable. Persons are not only flocking to psychotherapies in droves, but are frantically searching for solutions to their personal problems in self-help books, which repeatedly make bestseller lists. (17:314)

I recommend the full chapter to you. If this paragraph arouses your ambivalence in terms of "the field is wide-open for all comers, including bibliotherapists, but who wants to get caught up in that chaos?", I would ask you to focus on one small point of unique relevance to bibliotherapy. Frank says:

> Conceptualizations of different schools differ in their views of causation. Since man is a time-binding creature who lives simultaneously in the past, present and future, all three perspectives are relevant. Analytically oriented therapies, however, place the main emphasis on historical causes. They search for past experiences which set in train developments leading to the patient's present difficulties, on the assumption that these will be relieved if he can rediscover and re-

> experience their origins. Behavior therapies, by contrast, stress the present. Although using a wide variety of techniques such as modeling, progressive desensitization and emotional flooding, all try to smoke out the immediate antecedents and consequences of the patient's symptoms or problems as the most effective way to overcome them. Finally, for many existentialist schools, the main source of the patient's suffering is his closed view of the future, so they direct their efforts toward widening his options. (17:16-17)

What I would like you to chew thoroughly and assimilate into your very beings in Gestalt fashion is the recognition that man, who is a time-binding creature, is also a creature who produces time-binding records. Until this is fully understood, mankind is not fully understood. Until this is fully and creatively utilized in each individual life, mankind will not have achieved its full creative potential. For the bibliotherapist, this is a concept of central significance.

Peter Martin, in his chapter on "The Psychotherapy of Marital Partners: Old or New?", raises the issue of the application of the medical model to the psychotherapies:

> It is medical tradition to determine normal values of body functions as a derivative from prior investigation of abnormal functioning. Normal values for heart functioning followed years of treating diseases of the heart. Normal blood sugar values were recognized after working with diseases involving hyper- and hypoglycemia. When an organ of the body is functioning smoothly, there is often little incentive to study its mechanisms. When it gets out of order, our attention is called to those mechanisms responsible for its failure to function. (17:127)

The medical model in relation to the psychotherapies is as much a cause of current controversy as any of the issues of emphasis between them. Two of the issues in the medical model/other models controversy relate to bibliotherapy: (1) the role and responsibility of the healer, and (2) diagnosis. The role and responsibility of the healer in the medical model involves a larger social issue: the ratio of control exercised by the doctor and by the patient. Bibliotherapists have always found it important to be clear about their implied or explicit contract in operating with patients or clients. As bibliotherapists we are able to function as adjunctive therapists with doctors who exert a high degree of control, or independently we can function with patients who exert close to total control.

Developments in the concept of diagnosis are of importance for their implications for bibliotherapy. Even psychiatric texts are finding difficulties with the standard clinical classifications of mental illness. G. A. Foulds' report in The Hierarchical Nature of Personal Illness (5) is an extensive epidemiologic study of nonorganic psychiatric illness illustrating that the concept of discrete illness is now challenged by more complex theories. Foulds' two models, as opposed to clinical classification schemes, present complex hierarchies and blends in mental illness (see Addenda iii-iv, p. 48).

In contrast to the highly scientific and mathematical nature of Foulds' study, the humanism of his last summary paragraph might interest all of us whether we are interested in the technicalities of the report or not.

> We have noted that Hill (1968) has claimed that it is the catastrophic lowering of self-esteem which triggers the depressive mechanism. We believe that it may be the threat of a catastrophic lowering of self-esteem which triggers all nonorganic psychiatric illnesses and that the various forms of illness are in part the resultant of different modes of defense against this threat. We agree, therefore, with Hill that "knowledge of the processes by which self-esteem is normally maintained becomes a vital matter for us." It seems probable that self-esteem, like happiness, is not something to be sought consciously and directly, but is more appropriately a by-product of the successful exercise of social and perhaps occupational skills. Successful artists, craftsmen, parents, lovers and friends all have in common a deep concern

> with something other than oneself. Maybe the greatest safeguard against personal illness is the ability to "love thy neighbour as thyself," the ability to enter into and maintain mutually satisfying personal relationships. From this it would appear to follow that the two fundamental functions of psychiatrists and clinical psychologists should be to increase understanding of the attitudes, interests, values and personal relationships of those who are widely acknowledged to be leading more than usually satisfying lives and to help those who are abnormally unsuccessful to remove the obstacles to so doing. In this latter endeavour it may be most profitable to focus attention on what it is that threatens the individual's self-esteem. (5:148)

It would seem, then, that for bibliotherapists, being privy to the reader's clinical diagnosis, or his submerged history, is not as important as having some estimate of the fragility of his self-esteem and some facility with communication behavior cues. Berne (2) showed us that while the id, ego, and super-ego were theoretical abstractions, the transactional Child, Parent, and Adult are visible in body postures, facial expressions, and inflections of voice and could be pinpointed in individual transactions. Hart and his co-authors present, in Going Sane: An Introduction to Feeling Therapy (9), another concept which can be seen, heard, and felt. This is the concept of integral feelings--i.e., those in which sensations, meanings, and expressions are completely matched.

> We have said that a feeling is the expression of a sensation with a meaning. Sensations are the impulses of our sensorium. Just the mere fact that you are alive and conscious means you have sensations; a person can sense when he is hot, cold, tense, or relaxed, he can sense the rumblings of hunger, the pain of an injury. There are literally thousands of sensations that people are capable of feeling each day. A meaning is the cerebral interpretation of a sensation. Expression is any gesture or action which shows feeling. (9:69)

> Feelings can be intrapersonally defined as a matching of experience and expression. Disordering consists of substitutes and mismatches. A person feels mixed-up and incomplete when his experiences and expressions are not matched. Interpersonally, feelings provide the flow or rhythm of responding between people. Here, disordering consists of disruptions or interferences with that flow. The exchanges between people becomes (sic) arythmic, disrupted, and incomplete. When another person is disordered, the people he is with can feel the holding back and incompleteness. (9:76-77)

The roles of self-esteem and of integral feelings are seen as determinative of mental health. The importance to bibliotherapists of these concepts is that the evidence of their function can be seen, heard, and felt in literature, in life, and in interactions between literature and life. The "feeling therapy" described in this book is much more intense, deep, and specific than bibliotherapy and focusses on the development of mature response-ability. But this concept can be kept in mind as an antidote to the dangers of intellectualization inherent in bibliotherapy. Hart says:

> Watch a child: he cries when he hurts, he yells when he is angry, he moves toward what he wants and away from what he doesn't like. He is very simple. As people grow up, their exchanges with the world become more complicated; they know more about what is happening around them and less about what is happening inside them. They abandon their feeling reality.
>
> Human beings could grow up in a way that allowed feelings to become more subtle so that the early infantile expressions of feeling were expanded into every impulse of adult life. But this is not what happens to most people. Instead they acquire more and more complex answers and less and less inner contact with simple impulses; internal awareness dies as they extend their external worldly awareness. In Feeling Therapy, we idealize neither the infant's simplicity nor the contactless complexities of the rational adult. Instead, we recognize in the feeling person the integration of simplicity and complexity. (9:12)

More technical and relevant to the bibliotherapist's leadership skills in the area of interpersonal signalling, William C. Lewis's Why People Change (10) has a very sobering effect if one thinks seriously about one's own place as facilitator in bibliotherapy. Serious students of bibliotherapy will want to wrestle with the concepts of "human signalling" and "orientation reflex" presented here in their implications for the therapy setting.

Arthur Burton, in Interpersonal Psychotherapy, has an interesting chapter on "Adjunctive Healing Procedures" (4:116-127). The peculiar distortion which comes from the therapist's emphasis on the words which pass between him and the patient as being "the verbal therapy" is evidenced by his listing journals, diaries, notebooks, letters, autobiographies, poetry, short stories, novels and plays as art forms under "nonverbal modalities." Aside from this idiosyncrasy, the chapter has use. Interpersonal psychotherapists are more likely to consider imparting information and practice in social amenities as being pertinent group therapy goals and so would be inclined to grant some "therapeutic" status to book discussion groups per se.

Two other books remain to be mentioned. These have no direct relation to bibliotherapy on the surface but they are the two most powerful influencers of my current vision of the place of bibliotherapy in the realm of therapy. The first, Ethological Psychiatry: Psychopathology in the Context of Evolutionary Biology, edited by Michael McGuire and Lynn Fairbanks (11), offers a stimulating concept for bibliotherapy. Ethology studies behavior in relation to habitat and adaptation to it, both in evolutionary adaptation over time and in experimental habitat changes in the present. These focusses have led ethologists to define behavior as "normal" or "abnormal" quite differently from definitions derived from psychotherapeutic theories of cultural norms. Three ethology data-gathering models focus on various statements of scope of data needed for research in complex behaviors (see Addenda v-vii, pp. 49-50). The cross-fertilization of psychiatry with ethology is beginning to effect data-gathering and research in psychotherapy, and to redefine normal and abnormal in adaptational terms in a way that can affect both librarianship and bibliotherapy. This offers a new perspective from which to focus on human time-binding, record-producing, and record-using behavior.

Family Networks, by Ross V. Speck and Carolyn L. Attneave (16), approaches network therapy only on a face-to-face basis, with present time participation centered around solving a particular problem. Their dedicatory sociogram, however, allows me to reflect on the fact that influences from authors of particular books as well as face-to-face influences can well be charted into the network, to the extent that these have been intense and intimate not only in the present but also in the past. Network delineation might well be developed as part of the technique of evaluating the role of the human record in normal and therapeutic social exchanges. (See Addendum viii, p. 51.) Bibliotherapy may be viewed as the sum of effects of these social exchanges involving the human record.

The history of this paper is probably pertinent here as context from which to judge both my selections and my suggestions. I am a committed self-helper when it comes to weaving books and living together for growth. I have grown up in a parsonage where being with others in sickness, dying, grieving, and fighting was part of the vocation and included use of one's person along with use of human record supports. I have been with those in pain and those who were dying directly and intensely as a private duty nurse, without the attenuation of the printed page. I have also experienced the raw emotions of two years as night nurse on a locked psychiatric ward sharing books with fellow staff and sometimes patients along the way. I have been the librarian in a state mental hospital library and have conducted some groups there. I have participated in experimental bibliotherapy groups and in staff training groups using other psychotherapy modalities. I think all of this has played into my resonating so deeply to Jan Hajda's demonstration (7) that reading is a social activity and has influenced my seeing bibliotherapy as an important part of social network and milieu therapy.

Before I first read Shrodes' study, I heard it characterized as "a theory of bibliotherapy." I did not have an opportunity to read it myself until after my psychiatric nursing experience. My first reaction was "This is not a theory of bibliotherapy. It is individual cases of bibliotherapy described in psychoanalytically-based psychotherapy terms." I began, then, tentatively to explore in two directions: (1) How could bibliotherapy adapt itself to the special language and concepts of the newer, briefer psychotherapies in order to gain sanction and to collaborate comfortably? (2) What is truly the theory of bibliotherapy as a unique modality in psychotherapy?

My tentative answer to the first question was a short presentation to one of Dr. Monroe's classes contrasting the therapy jargon of Shrodes' Freudian-based study with that of Gestalt psychotherapy, pointing out that, while the concepts behind some of the terms were actually in disagreement, neither precluded the use of literature in the individual's life concurrently but the choice of literature would be tailored to the therapist's terms. It was from that presentation that the request for this paper grew.

However, since a great variety of schools of therapy abound, any librarian wishing to be accepted as a colleague by a given therapist must understand the concepts behind each special language in terms of the focus of each particular therapy. The librarian should also bring to the team the perspective that the use of the human record is a self-directing activity of full and healthful living which should be able to continue after the therapy is over. That is, reading, viewing, or listening should not be dissonant during the therapy with the particular therapeutic mode; but neither should it end when the therapy ends because it was associated only with a trained bibliotherapist who stayed back with the therapist in the therapy setting. So we come to the second question, "What is the theory of bibliotherapy as a unique modality in psychotherapy?"

My first approaches to thinking about this question were presented in a poster session at the American Library Association Convention in Detroit in 1977 in which I suggested that bibliotherapy combine psychotherapy with social network therapy. The uniqueness of bibliotherapy is the extent to which it gives opportunity to constructively manipulate the social network. In choosing literature for reading and discussion, the facilitator brings resource "members" into a group across time and space; and these "members" can be used entirely as the face-to-face group requires and for whatever need individuals in the group may have. Increasing attention to concrete reality away from autistic preoccupations, or increasing attention to creative use of imagination away from restricting obsessions, the selection of literature can evolve as therapy develops. In these aspects bibliotherapy can be integrated into, and examined as, psychotherapy.

In the context of social network therapy, bibliotherapy places the focus of all group members, facilitators included, on the literature rather than only on each other. Where all have read the literature, members have the opportunity for a more "socially equal" interchange with the leaders than in some other kinds of therapy groups. It gives the members wider range in which to practice social skills and comfortable intimacy--in Berne's sense of transactions beyond games (1:184). Intimacy in this sense includes being able to own one's feelings and express them accurately without intruding further into another's feelings than he is ready to allow. In addition to the fact that the group itself may be an addition to the individual's social network different from either the usual therapy group or the usual social group, the encounter with literature in this setting may increase the individual's ability to bring literature as "letters from friends" into his own social network, apart from the group, in a way he may not have been able to before.

Caroline Shrodes' study speaks to this point:

> Educators who curb the child's spontaneity, who focus on disciplinary values in reading, and who discourage questions are responsible for the reader's lack of trust in his own experience and feelings. Bibliotherapy may counter-act the process of repression thus begun. It serves to restore the person to himself so that he may know who he really is. Then the great writers will speak to him, and reach him, for he trusts the self he brings to them. (15:327)

In conclusion, let me reemphasize the importance of the ethological perspective on analysis of the use of the human time-binding record, and on the social network context for bibliotherapy. Out of this framework, I suggest:

1. Librarians, with or without the special help of trained bibliotherapists or psychotherapists, perceive their work with users as enriching their individual social networks with the human record.

2. Librarians and trained bibliotherapists collaborate with therapists of various persuasions. From case notes and process notes of such collaboration, analysis of the role of literature in the particular therapy mode can be developed.

3. Psychotherapists could

a) keep notes of the use of the human record by their clients before therapy, during therapy, and post-therapy if follow-up is done;

b) use bibliotherapy, both in the form of patient productions and in the form of homework assignments, and keep case notes on the effectiveness of this.

4. Ethologists and ethological psychiatrists study the record-making and record-using behavior of man as behavior apparently typical of this species only, drawing in part on bibliotherapeutic group experience for some of their data. From such experiences a theory of bibliotherapy as a unique modality might be drawn.

Addendum i

From: Edward S. Bordin, Research Strategies in Psychotherapy (New York: Wiley, 1974), p. 37.

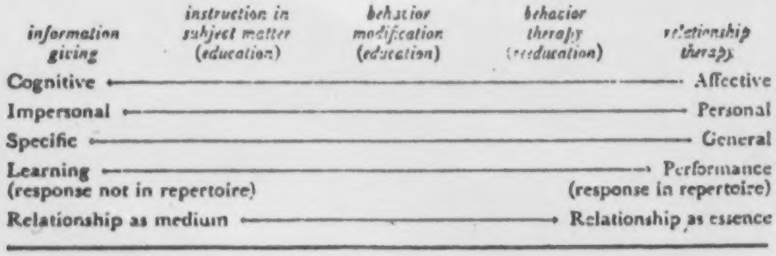
Relationships Among Different Kinds of Criteria Using Illustrative Examples

	Temporary (?)	Enduring	Mediating
INTRINSIC	Self-report of relief Symptom removal	Report by self and others on effectiveness of functioning Health-Sickness Rating	
EMPIRICAL	Discomfort-Relief Quotient	MMPI Speech Anxiety	Premature termination Number of interviews Quality of communication Liking therapist
THEORETICAL	Transference cure Q sort	Quality of free associating Level of experiencing Rorschach Q sort	Interpretation-resistance sequences Empathy–self-experiencing sequences Movement up the desensitization hierarchy

Addendum ii

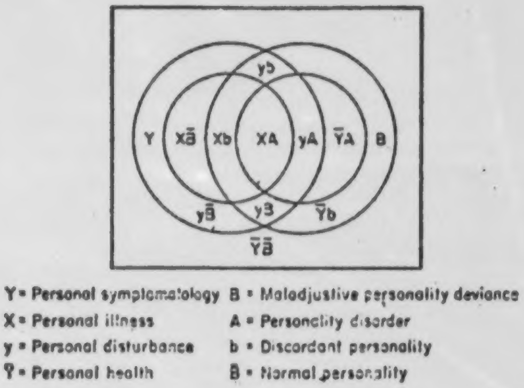
From: Cecil Holden Patterson, editor, Theories of Counseling and Psychotherapy (New York: Harper & Row, 1973), p. 540.

A CONTINUUM OF HELPING RELATIONSHIPS


information giving
instruction in subject matter (education)
behavior modification (education)
behavior therapy (reeducation)
relationship therapy
Cognitive
Affective
Impersonal
Personal
Specific
General
Learning (response not in repertoire)
Performance (response in repertoire)
Relationship as medium
Relationship as essence

Addendum iii

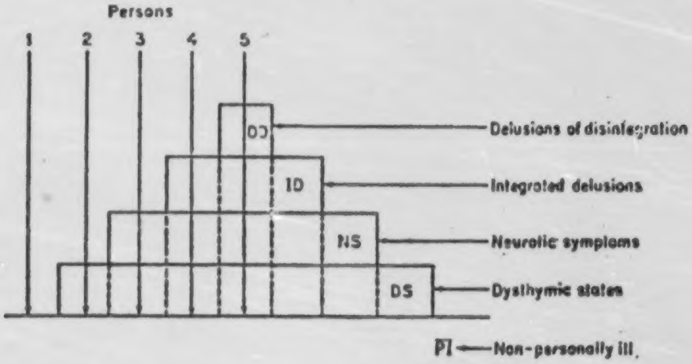
From: Graham Alexander Foulds. The Hierarchial Nature of Personal Illness (London: Academic Press, 1976), p. 50


y b
Y
X$\bar{B}$
Xb
XA
yA
$\bar{Y}$A
B
y$\bar{B}$
yB
$\bar{Y}$b
$\bar{Y}\bar{B}$
Y = Personal symptomatology
B = Maladjustive personality deviance
X = Personal illness
A = Personality disorder
y = Personal disturbance
b = Discordant personality
$\bar{Y}$ = Personal health
$\bar{B}$ = Normal personality

The Universe of Personal Distress: Personal Symptomatology and Maladjustive Personality Deviance

Addendum iv

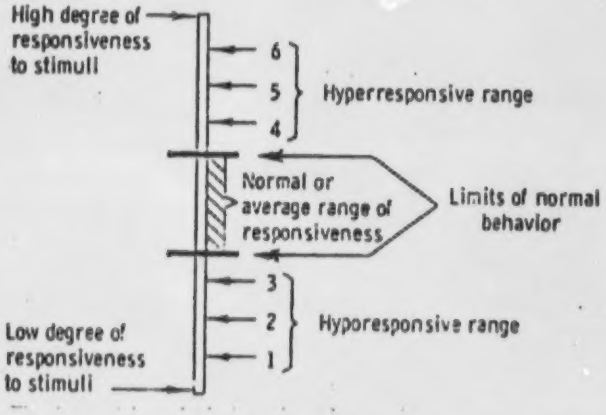
From: Ibid., p. 58.


Persons
1
2
3
4
5
DD
Delusions of disintegration
ID
Integrated delusions
NS
Neurotic symptoms
DS
Dysthymic states
PI
Non-personally ill

A Schematic Diagram of the Inclusive Relationship of the Hierarchy of Classes of Personal Illness

Addendum v

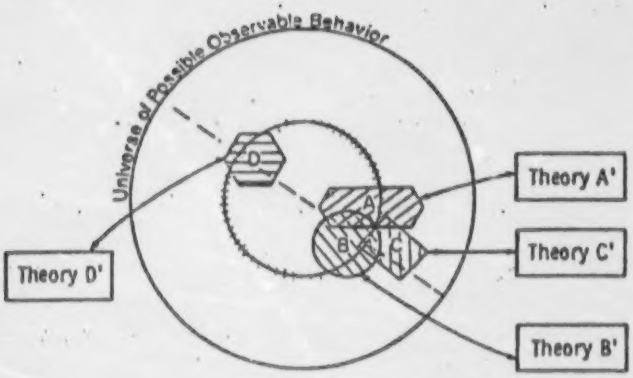
From: Michael McGuire and Lynn A. Fairbanks, eds., _Ethological Psychiatry: Psychopathology in the Context of Evolutionary Biology_ (New York: Grune & Stratton, 1977), p. 10.


High degree of responsiveness to stimuli
6
5
4
Hyperresponsive range
Normal or average range of responsiveness
Limits of normal behavior
3
2
1
Hyporesponsive range
Low degree of responsiveness to stimuli

A Hypothetical Relationship Between Normal and Abnormal Behavior

Addendum vi

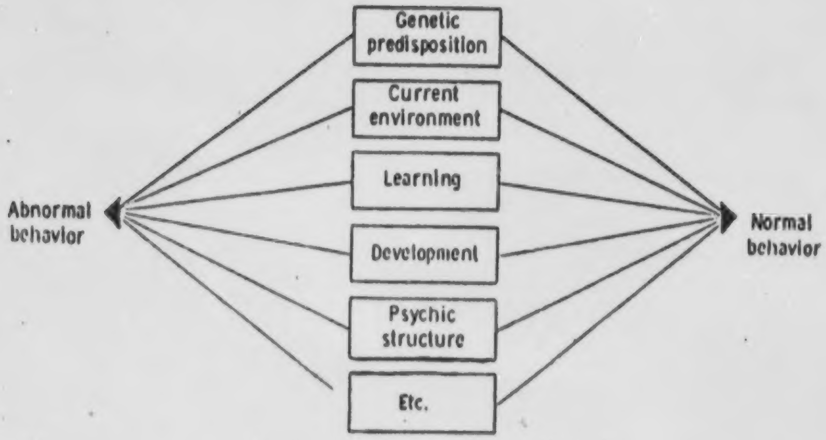
From: Ibid., p. 17.


Universe of Possible Observable Behavior
D
A
B
C
Theory A'
Theory C'
Theory D'
Theory B'

Nonorthogonal Psychiatric Data Bases and Related Theories

Addendum vii

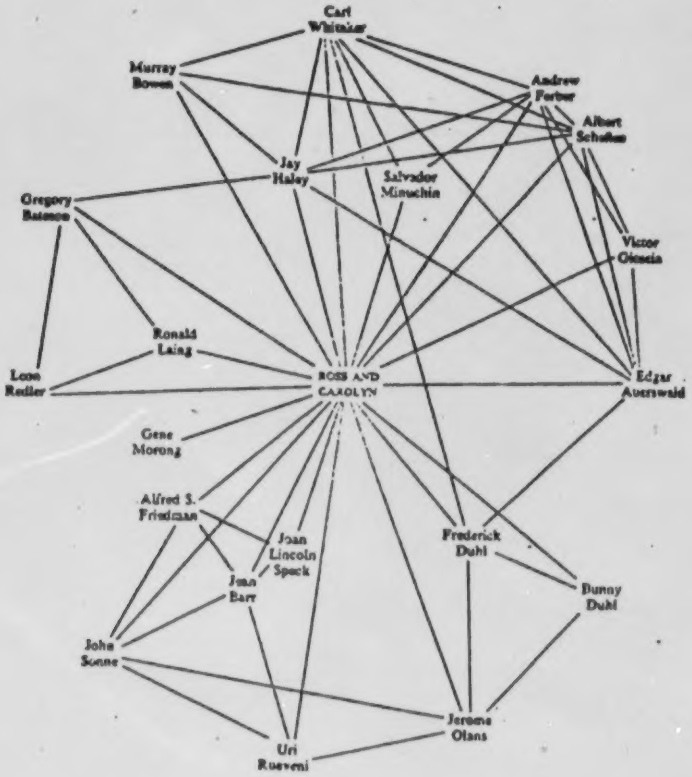
From: Ibid., p. 18.


Genetic predisposition
Current environment
Learning
Development
Psychic structure
Etc.
Abnormal behavior
Normal behavior

Multivariate Determinants of Behavior

Addendum viii

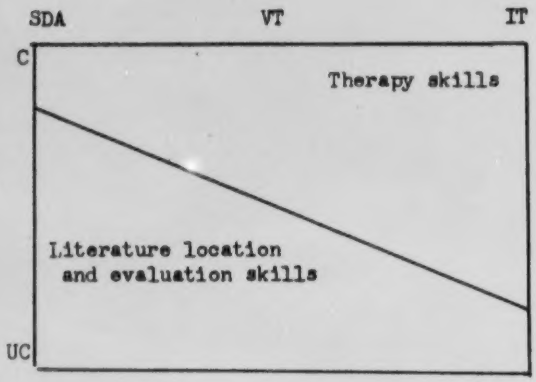
From: Ross V. Speck and Carolyn L. Attneave, _Family Networks_ (New York: Pantheon Books, 1973).

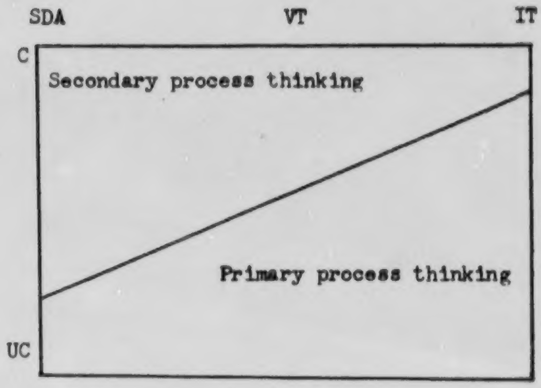

Carl Whitaker
Murray Bowen
Andrew Ferber
Albert Scheflen
Jay Haley
Salvador Minuchin
Gregory Bateson
Victor Gioscia
Ronald Laing
Leon Redler
ROSS AND CAROLYN
Edgar Auerswald
Gene Morong
Alfred S. Friedman
Joan Lincoln Speck
Frederick Duhl
Joan Barr
Bunny Duhl
John Sonne
Jerome Olans
Uri Rueveni

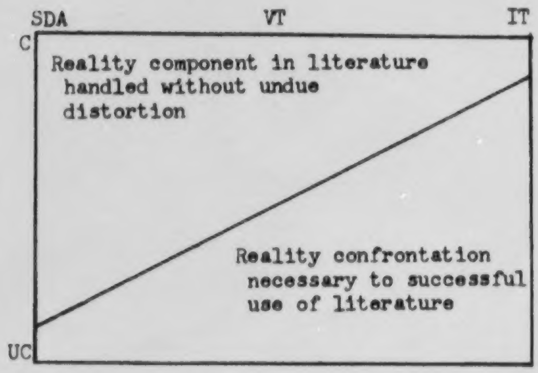
The Network of Those Who Actively Supported, Inspired, and Sometimes Restrained Us in the Preparation of This Book

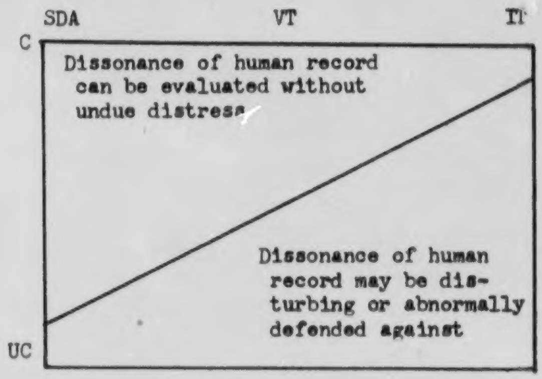
Addendum ix

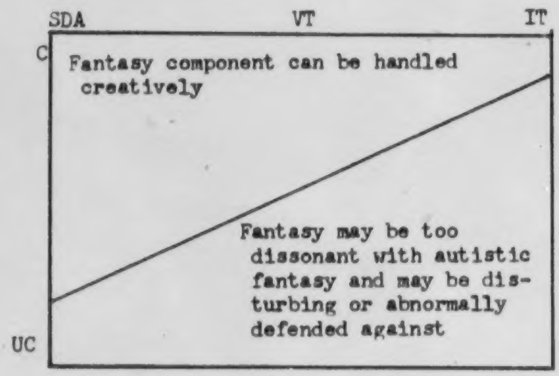
SDA = self-directed actualization
VI = voluntary therapy
IT = involuntary therapy
C = "conscious"
UC = "unconscious"

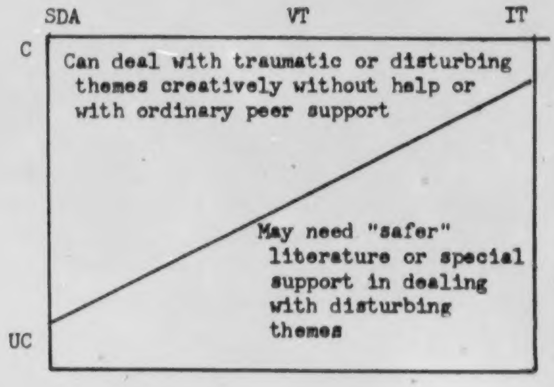

SDA
VT
IT
C
UC
Therapy skills
Literature location and evaluation skills


SDA
VT
IT
C
UC
Secondary process thinking
Primary process thinking


SDA
VT
IT
C
UC
Reality component in literature handled without undue distortion
Reality confrontation necessary to successful use of literature


SDA
VT
IT
C
UC
Dissonance of human record can be evaluated without undue distress
Dissonance of human record may be disturbing or abnormally defended against


SDA
VT
IT
C
UC
Fantasy component can be handled creatively
Fantasy may be too dissonant with autistic fantasy and may be disturbing or abnormally defended against


SDA
VT
IT
C
UC
Can deal with traumatic or disturbing themes creatively without help or with ordinary peer support
May need "safer" literature or special support in dealing with disturbing themes

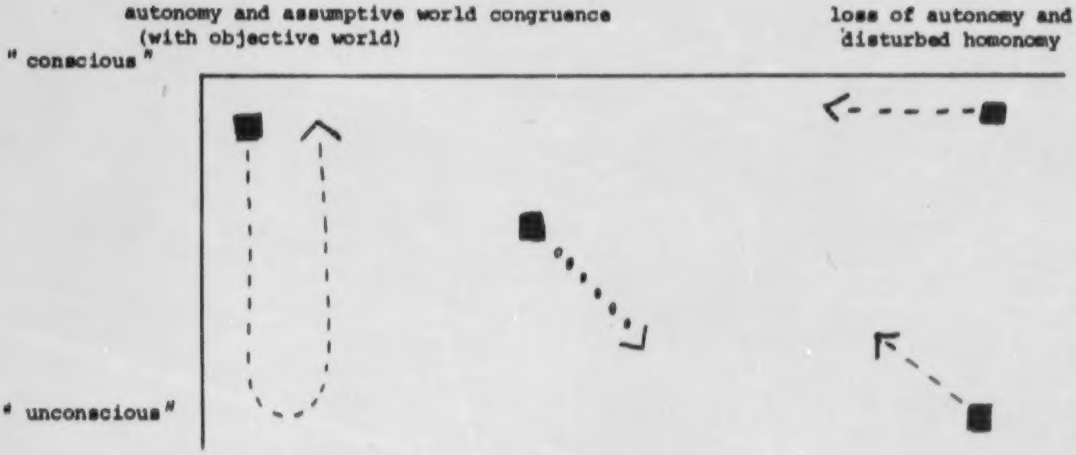
Addendum x

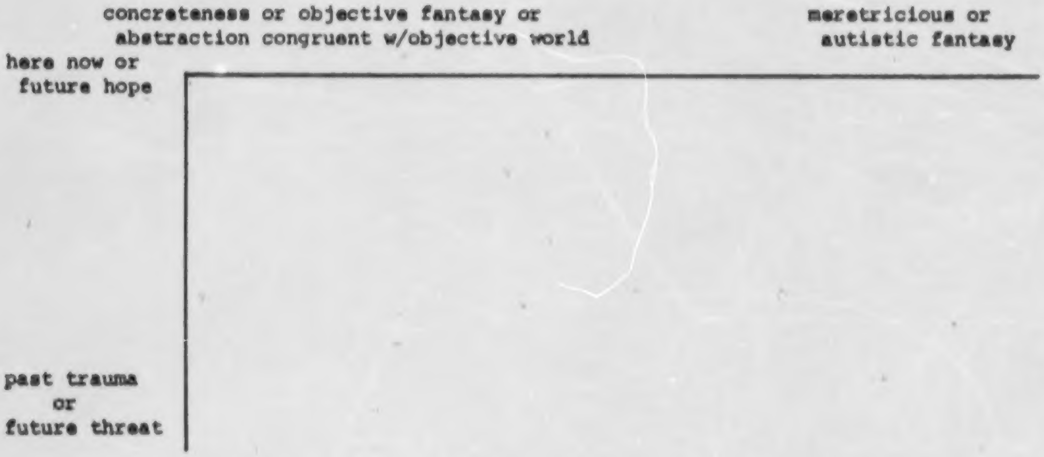
■ position of individual at start of intervention

< position of individual at end of intervention

--- therapeutic intervention direction

••• non-therapeutic or counter-productive intervention


autonomy and assumptive world congruence (with objective world)
loss of autonomy and disturbed homonomy
" conscious "
" unconscious "


concreteness or objective fantasy or abstraction congruent w/objective world
meretricious or autistic fantasy
here now or future hope
past trauma or future threat

REFERENCES

1. Berne, Eric. Games People Play: The Psychology of Human Relationships. New York: Grove Press, Inc., 1964 (paperback, 1967).
2. Berne, Eric. Principles of Group Treatment. New York: Oxford University Press, 1966.
3. Bordin, Edward S. Research Strategies in Psychotherapy. New York: Wiley, 1974.
4. Burton, Arthur. Interpersonal Psychotherapy. New York: Jason Aronson, 1966.
5. Foulds, Graham Alexander. The Hierarchial Nature of Personal Illness. London: Academic Press, 1976.
6. Frank, Jerome David. Persuasion and Healing: A Comparative Study of Psychotherapy, revised. Baltimore: Johns Hopkins University Press, 1973.
7. Hajda, Jan. "An American Paradox: People and Books in a Metropolis." Doctoral dissertation, University of Chicago, 1963.
8. Hammer, Emanuel F., ed. Use of Interpretation in Treatment; Technique and Art. New York: Grune & Stratton, 1968.
9. Hart, Joseph, Richard Corriere, and Jerry Binder. Going Sane: An Introduction to Feeling Therapy. New York: Jason Aronson, 1975.
10. Lewis, William Champlin. Why People Change; The Psychology of Influence. New York: Holt, Rinehart & Winston, 1972.
11. McGuire, Michael, and Lynn A. Fairbanks, eds. Ethological Psychiatry: Psychopathology in the Context of Evolutionary Biology. New York: Grune & Stratton, 1977.
12. Mahrer, A. R. The Goals of Psychotherapy. New York: Appleton-Century-Crofts, 1967.
13. Patterson, Cecil Holden, ed. Theories of Counseling and Psychotherapy. New York: Harper & Row, 1973.
14. Shelton, John L., and J. Mark Ackerman. "Homework in Counseling and Psychotherapy." Springfield, Ill.: Charles C. Thomas, 1974.

15. Shrodes, Caroline. "Bibliotherapy: A Theoretical and Clinical-Experimental Study." Doctoral dissertation, University of California-Berkeley, 1949.

16. Speck, Ross V., and Carolyn L. Attneave. Family Networks. New York: Pantheon Books, 1973.

17. Usdin, Gene, ed. Overview of the Psychotherapies. New York: Brunner/Mazel, 1975.

SUMMARY OF ORAL PRESENTATION

by Lois Hinseth June 21, 1978

1. It is my thesis that a particular kind of therapy may be matched by a particular kind of bibliotherapy; evaluation research will need to focus on this. Ethological psychiatry looks at man's behavior in the evolutionary process in relation to adaptation to habitat; one of man's unique functions is the production of the human record, organizing it, retrieving and using it, and being greatly influenced by it. The meeting of ethology and psychiatry makes bibliotherapy a more significant part of the core of psychotherapy, since bibliotherapy can be viewed in terms of the human record put at the disposal of human beings for their mental health. Bibliotherapy may be related to the human being's ability to use symbols and to interpret the human record with a minimum of distortion. If indeed the creation and use of the human record is typical of the human species, then therapy to remove the blockages to the use of the human record for enhancing "humanness" gives bibliotherapy the potential focus of improving the use of the human record and makes it more central to human life, and thus to the whole therapy field. Charts in the Addenda to the Hinseth paper (pp. 47-51) were examined and interpreted.

2. Network therapy concepts, built on the assumption that therapy for the individual is a shared responsibility of his or her total social network, suggest that possibly some individuals would place the influence of specific pieces of literature along with the influence of people in their lives; it is the bibliotherapist who can picture the meaning of this. Examining the "family network" chart (Addendum viii, p. 51) prepared by Speck and Attneave, we might surmise that some of the influ-

ences reflected in this network may have been received through the author's published books rather than face-to-face with the author. If we could devise symbols and color codes to allow us to draw networks of bibliotherapeutic processes or of bibliotherapy in a person's life, we might be able to record the influences of literature and picture the different kinds of uses of literature in people's lives. Charting the influence of people and literature in a single sociogram offers a possible technique for analysis of bibliotherapeutic influences.

3. With such a technique for picturing the influence of literature in people's lives, there is the possibility that as the face-to-face network breaks up in the older years, compensatory linkages may be found in books. The Christmas parties on television are thought by some to help lower suicide attempts at the holiday season. Can we "replace" or "enrich" contacts in the social network with bibliotherapy? and can we develop the symbols and mapping techniques of the sociogram to allow us to look at and talk about it? Analysis of this might well focus on whether group members tend to relate more significantly to the facilitator, to other members of the group, or to the literature itself. The concept of "valence" of the literature for people introduced in the Shrodes study implies linkage potentials that need exploration, and the sociogram mapping may provide a technique for investigation.*

4. The Shrodes study suggested that if we were to use "field theory" as a basis for therapy, literature could constitute the "field." Hinseth proposed the need for a more

---

*See John Walker Powell's Education for Maturity (New York: Hermitage House, 1949) for an elaboration on the concept of literature's "valence."

complex field that includes the literature, the therapist, and the environment (the group, the institution, and so forth).

5. Bibliotherapy, as do all therapies, links people in the area of feelings and degrees of intimacy in relationships. The basic "contract" of bibliotherapy involves recognition not only of the use of literature but also of interpersonal exchange at varied levels of intimacy.*

6. My first attempts at mapping, for the Detroit presentation, were to consider the human record as having varying degrees of reality (touchable, seeable physical form; verity; or concreteness of content) and fantasy (coming from or being about someone not here in time or space and having abstractness, creativity or imagination in content). I drew common-sense curves related to manipulating these factors in various therapy situations and posited that research of actual manipulations might raise or lower the end points or vary the angle of incline but would probably not change the general direction in relation to the continuum from self-actualization to involuntary therapy.

   Even without research validation of the curves it seemed to me that a general awareness of these factors in relation to this field was pertinent for anyone contracting even implicitly to put specific pieces of the human record into another's social network for any change agent purpose (Addendum ix, p. 52).

   By the time of writing this paper I had come to be more concerned with the possibility of mapping individual interventions (Addendum x, p. 53). I posit that if one were to place the individual at some place on this field at the beginning of the intervention, and, using the same criteria at the end of the intervention, again place him on the map, the direction of change could be seen. In clinical or "developmental" practice of bibliotherapy, a few questions concerning awareness and autonomy consistently applied and mapped might be more fruitful than anecdotal notes; but, of course, for research purposes the mapping should be based on some standardized attitude and/or behavior test.

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*Intimacy as used here is related to Eric Berne's (Games People Play) designation of that human interaction which is "beyond games."

Mapping literature as one uses it in practice and comparing these maps with the intervention results should at least sharpen selection skill as well or better than keeping anecdotal notes (see Addendum x, bottom, p. 53). For research purposes, use of literature which has been mapped consistently by several raters with different backgrounds would be required. Librarians are especially concerned with the selection of literature for bibliotherapy. It would be interesting to see whether literature rated by librarians would have the expected results when used by them, as compared with results when used by trained bibliotherapists or by psychotherapists.

I would at this time, purely on common sense and intuitive grounds, posit that:

1. For most purposes, literature which can be placed closer to the upper left should have stronger therapeutic valence.
2. For some specific "interpretation" purposes, literature placed at lower left would be more useful.
3. For some individuals literature closer to the right, or even lower right, would be needed to get attention at all.

DISCUSSION OF LOIS HINSETH'S PAPER AND PRESENTATION

June 21, 1978

1. Casey responded supportively to the suggestion that sociograms might be a useful mapping technique by color coding a network sociogram for persons as well as literature. Parks proposed comparing the participant's perspective with the facilitator's perspective in drawing the sociograms for each individual. Test proposed the use of social network mapping as a diagnostic tool to identify who could benefit from bibliotherapy, since the role of books in the life of the client can be seen in his own analyses of influences (people, books, events). Hinseth pointed out, and Test agreed, that the therapy group itself constitutes a supportive part of the social network.

2. Berry queried the usefulness of the mapping of the social network, and Hinseth responded in terms of diagnosis and research. Parks and others found the concept useful for evaluation of the role of literature in the lives of people. Monroe queried whether mentally ill patients can be expected to create the sociograms; Hinseth felt that some, but not all, patients could be helped to do this. Merriam questioned whether this would be reliable for diagnosis or research. Casey pointed out that there is no social consensus that library resources have a useful effect, and that the use of the sociogram to demonstrate effect might be very valuable. Hynes reported that measures of effect are abundant in the mental institution: people revive capacities, people improve and leave the institution. Test pointed out the problems, however, of separating the effects of the literature from the patient's response to personal attention and other factors, in determining the effectiveness of

bibliotherapy as a special therapy.

3. The sociogram was identified by Berry as a qualitative measure not amenable to quantification, and questioned the use of this step rather than going directly to measures of quantifiable behavior (e.g., number of references made in the discussion to the literature) which can move toward proof of the effectiveness of the therapy mode. Merriam saw the sociogram as a useful beginning step but saw need to limit the use of the sociogram to patients competent to respond in these terms; not all therapy models work with all individuals, she pointed out. Parks saw patients as needing considerable help from facilitators and staff in its use. Gandel, however, returned to Berry's question and saw the value of use of the sociogram as a piece of measurement in research design to factor out elements in bibliotherapy that are producing the effect: the literature per se, the literature through the facilitator, and so forth.

4. The discussion continued to explore both the problems in application of the sociogram to use by participants in bibliotherapy and especially by mental patients, and the values which it could provide in factor analysis if there were a way to make the technique reliable and valid. Rubin and Luber questioned the capacity of participants to truly analyze their internal processes and orientations precisely enough to analyze in these terms, but Test, as a research specialist in mental health, encouraged trial of this to see what usefulness it would have, recognizing that measures of reliability and validity would have to be constructed. Parks warned that the participants' experience of this should avoid the "test" atmosphere. Test concluded the discussion by pointing out that evaluation is best done in terms of the precise goals of the therapy program, implying that the use of sociogram must become precise in terms of the therapy goals if research

was usefully to be undertaken. Further, she pointed out that research designed to measure effect may simultaneously be used to analyze the elements of the process that produce the effect, and that the sociogram might offer the analytical factoring technique earlier identified.

The discussion in this session focussed almost entirely on Hinseth's proposal of the sociogram as a research technique. Others of her major points were incorporated in the continuing discussion, appeared as strong influences in the summary session, and are reported there.

The following morning, the Seminar participants spent the first half hour reviewing the significant areas that were raised in discussion on the first day, June 21st, and concluded on the following four points of emphasis: (1) Need for separation of bibliotherapy, for purposes of both research and practice, into at least two modes: the clinical and the developmental (educational/humanistic); (2) the need to examine bibliotherapy in terms of specific goals; (3) the need for research on the client process in bibliotherapy, or the several client processes in different modes of bibliotherapy; (4) the need for evaluative approaches to bibliotherapy, the development of evaluative techniques, and more precise measurement of effects of bibliotherapy; and (5) the need for examination of bibliotherapy and the bibliotherapeutic process as it relates to specific theories of psychotherapy.

BIBLIOTHERAPY WITH OLDER ADULTS IN THE LIBRARY CONTEXT

Rhea Joyce Rubin

This paper presents a discussion of the relationship of bibliotherapy to other library services, bibliotherapy's place in national library goals, and a consideration of the objectives of bibliotherapy with the older person. The National Commission on Library and Information Science (NCLIS) has developed eight national program objectives. The first is "to ensure that basic minimums of library and information services adequate to meet the needs of all local communities are satisfied" (21:39-49). Information, instruction, and guidance are the three traditional components of library services (28:12) and bibliotherapy is often considered a functional outgrowth of reading guidance: "This skill [bibliotherapy] is a refined application of his normal librarian's function as readers' advisor" (10:192). If one accepts, then, that bibliotherapy is related to basic library service, the NCLIS objectives mandate consideration of extending bibliotherapy to the public, include the aging.

Perhaps the first step is to reexamine the position of bibliotherapy in the context of library services. As Monroe has described (20:40-41), reference services (including information and instruction), reading guidance, and bibliotherapy are closely related. Reference services are objective, informational, and of short duration, while reading guidance is subjective and more broadly educational. Only bibliotherapy is a long-term approach to library services for the purpose of insight and growth. It is a two-way process concerned with human development and self-actualization as distinct from information or advisory service, which are one-way from the librarian to the patron for the purposes of education. All of these services have been described as lying on a continuous line, yet a more accurate configuration would be a circle. As Penland explains, "The function of the counselor librarian [or bibliotherapist] builds upon the work of the information specialist and the readers' advisor and, when necessity dictates, the counselor [bibliotherapist] may shift to these other roles in order to help the patron meet his objectives. The helping relationship of the librarian is developmental in character and motivates the patron towards self-understanding and decision. On the other hand, librarians in information service transmit information and take responsibility for directing and advising patrons on how to meet specific and immediate needs" (24:33).

Much of the public library literature implies that bibliotherapy belongs in extension or outreach librarianship. Indeed, most library-oriented bibliotherapy programs are conducted by institutional or outreach librarians. Yet bibliotherapy is germane to the daily activities of any good library, and its viability is demonstrated in library history. Library services have developed both during periods when its components were separated and when they were consolidated. Originally, reference service and circulation were most closely aligned; then reference service and guidance became integrated; finally, library adult education included guidance and bibliotherapy. To trace the development of reader services, one must return to the late nineteenth century.

At that time, academics' attitudes toward the library changed as scholarship itself changed and became professionalized and specialized. Scholars became more dependent on the library and demanded more of its personnel. When Justin Winsor was hired by Harvard University in 1877, he established a precedent when he opened the stacks to students and allowed books to circulate. This was the beginning of reference services. In 1876, the U.S. Office of Education issued a report on libraries which referred to the growing concern with readers' services. The first proposal for an actual program of assistance to readers was made that year by Samuel Swett Green of the Worcester Public Library (9:74-81); he has been called the "father of professional service to the patron." By 1883, the Boston Public Library, which was the largest public library at that time, has a full-time assistance position (27:26). Meanwhile, Melville Dewey at Columbia College was trying to adapt the "modern library idea" of aid to readers there (27:29).

The actual phrase "reference work" was first used to replace "aid to readers" and "assistance to readers" in 1891 in the Library Journal. By 1900, reference service was available not only in the public library central building in Detroit, but in its branch libraries as well. In 1905, the District of Columbia Public Library established a "Library Hostess" position to guide its patrons (19:21). At that time, it was a reference classification but by 1945 it was generally considered a reading guidance position.

In the 1920s and 1930s, the readers' advisor came to the forefront of librarianship. The first adult education department and readers' advisory bureau was established at the Milwaukee Public Library in 1923 under the auspices of Miriam Tompkins (34:437-438). In 1924, when Franklin Hopper, the Chief of Circulation at the New York Public Library, decided to establish a reader's advisory position, he had to convince the Reference Department to fund the position. Jennie M. Flexner came from the Louisville Public Library to become the New York Public Library's first Readers' Advisor (19:297). Both Flexner and Tompkins saw their work as an integral part of adult education. But though she stressed individually tailored reading lists, Flexner also emphasized the importance of working with groups. By the late 1930s she was developing programs of reading for many types of groups at both the local and national levels. One such reading course, begun in 1931, is an obvious precursor to bibliotherapy; she developed reading lists for adult probationers after interviewing the individuals involved (19:302).

By 1924, attention was being focussed on the librarian's role in adult education (1). Much of the readers' advisory services of the 1930s were integrated into the adult education departments of public libraries. One of the best known examples of adult education in the 1940s is the Great Books Program, developed at the University of Chicago and introduced as a public library service in 1945 (19:54). During the Depression, reference and reading guidance again merged both because of dwindling staff size and because of the necessity of public access to practical political and economic information.

A unique attempt at combining reference services with reading guidance and counseling was made at the University of Illinois-Chicago in 1951. A Department of Library Instruction and Advisement was developed "to implement general education, library instruction, and student counseling bureau objectives" (18). Four librarians were chosen to become "counselor librarians"; they studied the five levels of professional counseling as delineated by the program. The first level involved answering questions, such as in library reference work, and was considered simple and codified transfer process. The second level related to advisement such as developing a reading program or bibliography. Counseling per se began at the third level which attempted to change attitudes and perceptions in the patron in order to develop his or her capabilities. The last two levels of counseling, as delineated by the University of Illinois project, were clinical counseling and psychiatric counseling. Although the counselor librarians were given some training at these levels, they usually referred patrons with such needs to other professional counselors. It was suggested that sometimes the librarian would function as a bibliotherapist working in collaboration with another therapist.

Unfortunately, this experiment was short-lived. But the interrelationships between reference services, advisory work, and bibliotherapy remain despite organizational structures which sometimes separate them and sometimes join them into a consolidated unit.

Next, one must consider the relationship between library services to the aging and bibliotherapy. Library service to the aging began in the 1940s as part of library adult education, notably the Cleveland Public Library's "Live Long and Like It Library Club" (13:367). Even in the late 1950s, services to the aging were considered the province of the Adult Education Division of the American Library Association (ALA), which in 1957 became the Adult Services Division of ALA (13:370). As a development of the 1961 White House Conference on Aging, the Adult Services Division of ALA adopted a statement which was revised and used until the 1971 White House Conference on Aging: "The Library's Responsibility to the Aging." Three of the ten public library responsibilities listed refer specifically to basic reader services:

> 1) Contributing to a positive attitude toward aging and the aged. 2) Providing information and education on aging and its problems for professionals and laymen who work with this group and for those who are retired. . . . 9) Providing services and materials for those preparing for retirement. . . . (2)

Between the 1961 statement and its 1971 revision, a significant study of aging was being done. Margaret Clark, an anthropologist, found the following factors necessary for maintenance of morale in the elderly:

1) Ability to maintain enough autonomy to continue to possess self-integrity, 2) Pleasant personal relationships and the opportunity for interaction with others, 3) Sufficient personal comfort, both physical and mental, 4) Mental stimulation and use of the imagination without physical overexertion, 5) Variety in the environment, 6) Sufficient involvement with some part of life in order to avoid preoccupation with the idea of dying (7:232-233). Although libraries were not mentioned as a resource to provide these necessities, the list bears a striking resemblance to a list of possible objectives of bibliotherapy and to the ALA statement of the public library's responsibilities to the aging.

To return to that statement, the first responsibility noted speaks of attitudes toward the aging, while the second and third refer to providing information and materials. "There are libraries and other resource centers full of information, but the information must be seen for its relevance to patron's concern." As Patrick Penland commented, it is not sufficient to have the needed information available; it is also necessary that the patron be helped to realize the potential of the sources to meet his need (24:7). A bibliotherapist would interpret Penland's admonition to include the sharing and discussion of the material, thereby ensuring that the user can meaningfully integrate the knowledge as personal experience.

How can the bibliotherapist help the older person to be mentally stimulated and imaginative? How can the librarian provide the aging person with emotional comfort, variety, and new involvements with life? By sharing carefully selected literature (film, or other media) and discussing its impact, the participant can

--achieve emotional and intellectual insights
--vicariously experience new people and situations
--relive significant parts of his or her life
--ventilate feelings

--learn that he or she is not alone

--develop an increased sense of self-worth

These are all demonstrated outcomes of bibliotherapy and stated needs of the aging person in today's society.

For the rationale to provide such bibliotherapy services to the elderly community through the local library, we turn to the National Commission on Library and Information Science (NCLIS) goal: "to ensure that basic minimums of library and information services adequate to the needs of all communities are satisfied."

CHARACTERISTICS OF THE THREE TYPES OF BIBLIOTHERAPY

	INSTITUTIONAL	CLINICAL	DEVELOPMENTAL
FORMAT	Individual or group: passive	Group: active, voluntary	Group: active voluntary
MATERIAL USED	Usually didactic	Creative	Creative and didactic
CLIENT	Medical or psychiatric patient; or prisoner; or a client in private practice	Person with an emotional or behavioral problem	"Normal" person, often in a crisis situation
THERAPIST	Physician and librarian team	Doctor or librarian often in consultation	Librarian, teacher, or other
SETTING	Institution	Institution or community	Community
CONTRACTOR	Society	Society or the individual	Individual
GOAL	Usually informational	Insight and/or behavior change	Normal development and self-actualization

Excerpted from Using Bibliotherapy: A Guide to Theory and Technique (Phoenix: Oryx Press, 1978).

REFERENCES

1. American Library Association. Libraries and Adult Education. Chicago: A.L.A., 1924.

2. American Library Association. "The Library's Responsibility to the Aging." AHIL Quarterly 12 (Spring/Summer 1972):23.

3. Bernstein, Joanne E. Books to Help Children Cope With Separation and Loss. New York: Bowker, 1978.

4. Bettelheim, Bruno. The Uses of Enchantment: The Meaning and Importance of Fairy Tales. New York: Knopf, 1976.

5. Brown, Eleanor F. Bibliotherapy and Its Widening Applications. Metuchen, N.J.: Scarecrow Press, 1975.

6. Bureau of Education, U.S. Department of the Interior. Public Libraries in the United States of America: Their History, Condition and Management. Washington, D.C.: U.S. Government Printing Office, 1876.

7. Clark, Margaret. Culture and Aging: An Anthropological Study of Older Americans. Springfield, Ill.: Charles C. Thomas Pub., 1967, pp. 232-233.

8. Fader, Daniel. The New Hooked on Books. New York: Berkeley Pub., 1976.

9. Green, Samuel S. "Personal Relations Between Librarians and Readers." Library Journal 1 (1876): 74-81.

10. Hannigan, Margaret C. "The Librarian in Bibliotherapy: Pharmacist or Bibliotherapist?" Library Trends 11 (October 1962):184-198.

11. Havighurst, Robert J., and Betty Orr. Adult Education and Adult Needs. Chicago: Center for the Study of Liberal Education for Adults, 1956.

12. Jackson, Evalene P. "Bibliotherapy and Reading Guidance: A Tentative Approach to Theory." Library Trends 11 (October 1962):118-126.

13. Javelin, Muriel C. "How Library Service to the Aging Has Developed." Library Trends 21 (January 1973): 367-389.

14. Kock, Kenneth. I Never Told Anybody: Teaching Poetry in a Nursing Home. New York: Random House, 1977.

15. Lee, Robert Ellis. Continuing Education for Adults Through the American Public Library: 1883-1964. Chicago: American Library Association, 1966.

16. Lee, Robert Ellis. Library Sponsored Discussion Groups. Chicago: American Library Association, 1957.

17. Lerner, Arthur, ed. Poetry in the Therapeutic Experience. New York: Pergamon Press, 1978.

18. Maxfield, David K. Counselor Librarianship. Urbana, Ill.: University of Illinois, 1954. Occasional Papers No. 38.

19. Monroe, Margaret E. Library Adult Education. Metuchen, N.J.: Scarecrow Press, 1963.

20. Monroe, Margaret E. "Readers' Services and Bibliotherapy." In her Reading Guidance and Bibliotherapy in Public, Hospital and Institution Libraries, pp. 40-44. Madison, Wis.: University of Wisconsin Library School, 1971.

21. National Commission on Library and Information Science. Toward a National Program of Library and Information Services: Goals for Action. Washington, D.C.: U.S. Government Printing Office, 1975.

22. Penland, Patrick R. Advisory Counseling for Librarians. Pittsburgh: University of Pittsburgh, 1969.

23. Penland, Patrick R. Communication for Librarians. Pittsburgh: University of Pittsburgh, 1971.

24. Penland, Patrick R. Interviewing for Counselor and Reference Librarians. Pittsburgh: University of Pittsburgh, 1970.

25. Phinney, Eleanor. Library Adult Education in Action: Five Case Studies. Chicago: American Library Association, 1956.

26. Powell, John W. Education for Maturity. New York: Hermitage House, 1949.

27. Rothstein, Samuel. The Development of Reference Services. Chicago: Association of College and Research Libraries, 1955. Monograph No. 14.

28. Rothstein, Samuel. "Reference Service: The New Dimension in Librarianship." College and Research Libraries 22 (January 1961):11-18.

29. Rubin, Rhea Joyce. Using Bibliotherapy: A Guide to Theory and Technique. Phoenix, Ariz.: Oryx Press, 1978.

30. Rubin, Rhea Joyce. A Bibliotherapy Sourcebook. Phoenix, Ariz.: Oryx Press, 1978.

31. Schloss, Gilbert. Psychopoetry: A New Approach to Self-Awareness Through Poetry. New York: Grossett & Dunlap, 1976.

32. Schultheis, Sister Miriam. A Guidebook for Bibliotherapy. Glenview, Ill.: Psychotechnics, Inc., 1976.

33. Shrodes, Caroline, et al., eds. The Conscious Reader. 2d ed. New York: Macmillan, 1978.

34. Stone, Walter. "Adult Education and the Public Library." Library Trends 1 (April 1953):437-453.

35. Western, Leone Noble. The Gold Key to Writing Life Histories, Memoirs, and Autobiographies. Lummi Island, Wash.: the author, 1976.

SUMMARY OF ORAL PRESENTATION

by Rhea Joyce Rubin   June 22, 1978

1. It is important to recognize the relationship of bibliotherapy to other library service processes. Rubin's distinctions between reading guidance and bibliotherapy revolve around four points: (1) bibliotherapy requires greater depth of analysis of the user's problem; (2) bibliotherapy requires an even longer duration than reading guidance, whether at one time or at repeated intervals; (3) it involves more personalized application of the literature to the user and the user's problem; and (4) bibliotherapy as provided by the public library requires a group process.
2. There are two problems with the term "bibliotherapy" for public library use: "the prefix and the suffix"! "Biblio" must be broadened in meaning to include not only books and print, but also films and recordings. Furthermore, therapy connotes a healer/patient relationship and is not suitable to the public library situation, since there is neither the depth of interpersonal interaction typical of therapy, nor does the public librarian pretend to provide "cure." Rather, bibliotherapy in the public library is a tool, a technique, not a therapy. It is less threatening in its group process; the book is an impersonal element that relieves some of the pressure of the presence of a facilitator, and the members of the group mediate the pressure of the book's message and protect an individual from imposition by the facilitator.
3. As an alternative to terminology used by Franklin Berry, Rubin presented her chart showing three modes of bibliotherapy: institutional (working as a team with psychotherapist, etc.), clinical, and developmental (with the educational/humanistic functions identified by Berry).

DISCUSSION OF RHEA JOYCE RUBIN'S
PAPER AND PRESENTATION
June 22, 1978

1. Casey posed the question to Rubin: Assuming that in all communities served by public libraries there are troubled people, do you feel it appropriate for the public library to have a psychologist or psychiatrist on the library staff? And should public libraries have a more positive program of developing and promoting discussion of developmental problems and common crises (such as "death," for example)? Rubin responded that Alice Bryan had called for a psychologist on the staff of public libraries in the 1930s. Rubin suggested that public librarians may work more realistically with staff of the local mental health center in an on-going support system. Casey pressed her point: Would it be appropriate for the public library in a conscious, overt way to develop a series of groups to explore the literature dealing with common human problems, and let people know that the library is a place for talking over such problems with others who share them? If so, is it necessary to have a psychologist to work on the team? Rubin supported the idea of a psychologist on the library bibliotherapy team and pointed out that Arleen Hynes, working in a mental hospital, uses a psychologist actually present in the group as a member of the team; but Rubin prefers the public library's program to use a community-based team that is less direct, with the psychologist either as a "facilitator" in the group or as a back-up for referral outside the group sessions.

2. Merriam felt the answer to the psychologist's presence in the group was related to the goals of the particular group: discussion or therapy? She supported the idea of using the public library as a less threatening loca-

tion than a psychiatric center for discussion of common human problems, but felt that public policy and financial constraints might argue against a psychologist on the public library staff. Casey then restated her point: "There seems to me to be a place for the public library mode of help to troubled people, that requires a responsible public library service outside the psychiatric center, where the use of literature on common human problems is available. If so, then," Casey went on, "the public library must do this responsibly and have a specialist available, whether on the staff or collaborating from the mental health center." Rubin agreed. Hinseth pointed out that if the library is to be known for such service, there is need to establish the team relationships well in advance of the need, so that no client case is bungled; the librarian and psychotherapist need to know their separate roles and how things are to be handled. Monroe mentioned that she and Gloria Waity had discussed this possibility, and had hoped that Dr. Grieves from the Dane County Mental Health Center would be available to comment on this concept.

3. Lack underscored the need for building a formal bridge between bibliotherapy and counseling assistance, commenting that "bibliotherapy may be the prelude to more intensive therapy." Blackshear cited the Madison Public Library's staff training program conducted by the Dane County Mental Health Center to prepare staff to successfully relate to the mentally ill whose therapy is community-based. Waity pointed out the need for public library guidance of families of the mentally ill to needed literature, and cited the concerns of AMI (Alliance for the Mentally Ill).

4. The potential of the trained bibliotherapist on the staff of a public library, in serving as a bridge to the local mental health system, was proposed by Arleen Hynes.

Merriam raised certain cautions: this may be more than public libraries can realistically be expected to do; once one steps into this role of therapy, obligations for the varied tasks typical of Information and Referral Service (follow-up, escort, advocacy) become involved. Further, Merriam pointed out, there are the questions of personal liability and malpractice that come with taking responsibility in areas of high personal significance, such as deciding what a person should read, or being responsible for its effect. Merriam suggested that it would be better to establish the bibliotherapy program on a sound basis of more formal liaison with mental health bases in the community.

5. Picking up the question of personal liability, Lack pointed out that the participant's freedom of choice in materials released the librarian from personal liability in selection of materials or their effects. She saw bibliotherapy as offering no more cause for concern than the normal functions of librarians in providing access to materials, providing a basis for choice among them, and so forth. Gandel and Ray elaborated the point by acknowledging that "education" was a more precise description than "therapy" for this developmental mode of bibliotherapy, and that the risks were those typical of the educator rather than of the physician. Rubin agreed and reiterated that she does not see bibliotherapy, especially in a public library context, as "therapy."

6. Ray shifted the focus of discussion with his query on How far beyond guidance can the librarian go into the facilitating role? counseling? therapy? He proposed that the "therapy" aspects of bibliotherapy increase as one moves the setting from the community to the institution, as one moves from work with "normal" participants to those designated abnormal, as one moves

from the developmental to the clinical focus. In the light of this, Ray asked, what preparation is needed for the librarian to serve as bibliotherapist? Hinseth responded first, with a redefinition of the facilitator role as not that of therapist but as a catalyst role that assumes self-help and self-development among participants. She saw the demands upon the librarian as those of human insight and group skills, with no pretense of a "curing" role. Lack confirmed this perspective: "That is why the facilitator role is congenial to me; people come voluntarily; the literature is largely chosen by the people." Casey tried to equate reading guidance and the developmental mode of bibliotherapy, as she interpreted the discussion; but this was generally rejected by Lack, Rubin, and Hynes as the most experienced of the library practitioners of bibliotherapy, and Rubin's distinctions between reading guidance and bibliotherapy were confirmed.

7. Again the question of whether bibliotherapy is a "therapy" was explored! Several pointed to self-chosen projects among older adults (oral history, creative writing) as typical "bibliotherapy" but not "therapy" in a formal sense. Merriam turned to preventive mental health for a parallel, and felt that bibliotherapy was "preventive therapy." Monroe felt the developmental mode of bibliotherapy was best described as close to the "education" end of the continuum, but with aspects of "therapy" implicit: goals identified by the facilitator for the group in advance of sharing and modifying those goals, materials selected by the facilitator (from which the group could choose) based on knowledge of the typical needs of such persons as the group represented (elderly, adolescent, etc.), and an approach to the discussion based not on knowledge of individual problems in the group but of the generic developmental tasks typical of

such persons, with a goal of beneficent, benign resolution or prevention of crisis level problems. This, she commented, was a complex, professional task requiring training beyond that of reading guidance but in no sense a formal therapy.

8. Rubin raised the question of personal liability in relation to the school teacher who responds intelligently with reading and discussion opportunities for children in relation to her discovery of their common needs. Monroe pointed out that the librarian may have a broad social accountability rather than a personal accountability for the selection of materials and their activation for developmental purposes as the Kanawa County (W. Virginia) case in 1975 illustrated. Here the school system selected materials for the growth and development of the students, and the rural county parents rose up to protest the challenge these materials presented to their traditional values. Hinseth's suggestion of the "social network" involvement in the bibliotherapeutic process became significant in interpreting this point.

9. As the discussion proceeded to other points, Ray articulated once again the lack of a defined content and process for bibliotherapy. Challenged, he pointed to the experience of occupational therapy in developing its field with a well-defined range of responsibility articulated, and a concrete, observable, measurable result identified. Lacking such definite goals and measurable results, bibliotherapy can hardly be said to be ready for standards or to be properly a field for education.

10. Hinseth returned to her major point presented the previous day to identify a base for such precision in goal, content, and methodology: "The bibliotherapist works to enable the fullest possible use of the human record."

The goals of reading skill development, the tolerance for new ideas, the capacity to empathize in the reading of creative literature were illustrative of the substance dictated by this perspective. Merriam and Lack questioned whether bibliotherapy must stand as an independent therapy, or whether it is also adjunctive. In what setting, and with what groups, and with what kind of facilitator and goals is bibliotherapy independent? Gandel reverted to Berry's earlier statement that bibliotherapy is a process which can be applied to a diversity of goals, and restated the conviction that it is essential to discuss bibliotherapy in terms of its distinct modes, recognizing the process may be the same. Kohlenbrener questioned putting the label "bibliotherapy" on the process, and Monroe responded that the value of specific labels is in identifying when we move from one mode to another, shifting our perspectives on goals, affecting our techniques between clinical and developmental. Berry confirmed the importance of being self-aware in a theoretical sense.

11. Monroe, in summarizing this segment of discussion, commented: We are walking around our concern for the need to professionalize bibliotherapy. We are seeking to assure ourselves of the development of a body of knowledge, a theoretical base, a code of ethics, a differentiation of modes. We as the people most involved in bibliotherapy are at that point where we want to push into the last phase of professionalization. Yesterday, however, we recognized that we do not yet have detailed knowledge of the bibliotherapeutic process or processes. So gradually with our discussion the basic problems emerge more clearly.

BIBLIOTHERAPY IN PRACTICE WITH OLDER ADULTS

Clara E. Lack

Bibliotherapy has a place in library service to older adults. Important to its place is the consideration of the context and the exact services that can be provided.

Will the service offered be in the library, or in senior or convalescent centers? Will it be geared to individuals or to groups? Will it be a program presentation or a literature discussion group? Will volunteers or library staff provide the service? After these matters have been decided, it is important to view the more subtle emotional dimensions both of the service provider and the recipient of the services.

The librarian or another representative of the library must allow the recipient of the service to communicate his or her ideas about what services are needed or desired. Outreach librarians need to be aware that the older person can have some control, no matter how limited, over personal destiny. Sometimes, refusal of offered services is one of the few means the older person has left to control daily life.

I remember how upset I was by the refusal of Mrs. B to come to the book discussion group at a convalescent hospital. Mrs. B had been an enthusiastic participant, had even circulated a petition at her church and written a letter to the Board of Supervisors when it seemed funds were no longer to be allocated for the program. We have been sampling the work of Pulitzer Prize Poets. She said she didn't understand some of the poetry, even though on occasion she had asked for copies of poems much more complex than the ones we were reading. For several weeks, she refused to come to the group even though the discussion had moved on to other readings as decided upon by the expressed interests of the group.

Concerned about her behavior, I consulted the activity director and became aware of Mrs. B's intense desire to return to her home. But since her health was precarious, the doctor had refused this request. Mrs. B's refusal to participate in the book-discussion group was one decision she still could make.

Older people should be involved in decision-making and problem-solving related to the bibliotherapy group process. The people in one book-discussion group in a locked convalescent hospital were the ones most alert and aware in the institution. Except for health reasons, I never understood why they were in a locked facility. There were, however, many other old people who wandered aimlessly and who seemed unable to focus or participate in any activity. The group asked to have the book-discussion program conducted where they would not be disturbed by the "crazies." As a group, we discussed and tried to solve this problem in consultation with the activity director. We managed to get permission to have a special Christmas group with music, poetry, and refreshments in the staff lounge which had a locked door separating it from the rest of the hospital. Thus the group was involved in successful problem-solving on at least this one occasion.

An offer of service is an expression of human relationship. The offering agent must know himself or herself, the service, its context, and the recipient of the services. To know one's self in relation to service to older adults is to have the self-awareness that perhaps the myths and stereotypes of aging may be influencing one (12:38). Outreach service is not only an outreach to others but a stretching of one's self to new perceptions.

The needs of older people, as stated by the Institute of Gerontology at the University of Iowa, suggest important goals for public library bibliotherapy service to older adults. Puner stated these needs as:

> The need to render some socially useful service.
>
> The need to be considered a part of the community.
>
> The need for recognition as an individual.
>
> The need for the opportunity for self-expression and a sense of achievement.
>
> The need for health protection and care.
>
> The need for suitable mental stimulation.
>
> The need for suitable living arrangements.
>
> The need for spiritual satisfaction. (9:174)

"The need to render some socially useful service." Using seniors as volunteers or paid staff can be rewarding for all concerned. Steffens envisioned a public library program of volunteers canvassing trailer parks, where many seniors live, and suggesting that books and book shelves be supplied as well as shuffle board courts (15).

Since 95% of adults over 65 years of age are not in institutions, it is realistic to think some of these could be enlisted to read to older patients at convalescent hospitals. I have found poetry to be useful in such a context. One outreach service which I direct was fortunate to obtain the services of a retired library clerk to help with a newsletter. An oral history project is an interesting way to involve seniors in a project of community-wide interest, and the resources of the National Council on Aging's "Self-Discovery through the Humanities" are widely used by volunteers.

"The need to be considered a part of the community." The designation of a separate service for older adults or appointment of a librarian may run counter to this need.

A survey of readers served by the Division of Blind and Physically Handicapped of the Library of Congress who were over 65 found that the reading interests of those over 65 are not markedly different from other adult readers (11). Other special services librarians whom I have contacted also report this same fact with one exception. The exception is the typical older reader's avoidance of material dealing with explicit sex and violent crime. Birren, Steffens, and Whiskin all reported that older people tend to like nonfictional material more than fantasy. Occasionally, in a bibliotherapy group, a story would be welcomed, usually a long ago favorite.

Whiskin's sample of older readers indicated that several liked to re-read former best-sellers and speculated that the motivation may be to review pleasant events to escape the unpleasant present (18:301). I hypothesize that personal memories may be rekindled and that the older person may find this useful in reviewing lifetime influences and may relate a particular book to a particular life event, thus aiding in life review. In one bibliotherapy group at a convalescent hospital we took a portion of each meeting to re-read books that had been favorites (Mrs. Wiggs of the Cabbage Patch and My Antonia were two, I remember). The group mentioned life events at the time the book or story was first read.

Birren in 1964 postulated that since most fiction, movies, and television were organized around the young, older adults might find it difficult to identify with major themes of fictional and fantasy material (5:241). Steffens suggested that the library could seek out those books written by older adults, and she herself is currently working on a novel whose heroine is 80 years old (15:87).

Tolstoy wrote until his death. His last novel, Resurrection, was his own attempt to search out an ultimate meaning of life. Many other authors have written autobiographies in later life. Mary Sohngen has compiled a bibliography called "The Experience of Old Age As Depicted in Contemporary Novels" (14). Contemporary is defined as within the last twenty-five years. She noted that the number of novels depicting old age is increasing. Availability of such literature creates a sense of normalcy of the aging as a group within the total community.

"To enjoy normal companionship, to have recognition as an individual, and the opportunity for self-expression and a sense of achievement." The library's programs for older adults can contribute to the meeting of these needs. One of the basic components of a bibliotherapy group is the reaction of the group to the literature shared. Some institutionalized older people are told what to do so much of the time that it is very important to allow time for self-expression whether in informal conversation or in a group discussion. An informal chat may uncover some interests that could be related to reading or programming.

"The need for health protection and care and suitable living arrangements" could be partially met by the library's provision of information about health and senior housing.

"The need for suitable mental stimulation and spiritual satisfaction" are needs that the library can satisfy through its holdings of the knowledge and wisdom of the ages, for all individuals who read and find satisfaction in reading. It is estimated that 75% of those 65 and over have completed only eight years of formal schooling (10: 328). Most people with limited schooling do not turn to books for mental stimulation but to newspapers, magazines, or television.

"The need for spiritual satisfaction" can be seen as the need for purpose and meaning. Paul Tournier, a Swiss psychiatrist, writing at the age of 72, says that the meaning of old age is a liberation from immediate tasks, and the opportunity of enlarging the interests of heart and mind (16:195). Both Whiskin and Steffens, in surveying reading interests of older adults, found that religious subjects were of wide interest, but little interest was expressed in art, music, or literature. It seems that only people who have wide cultural interests before retirement continue exploring in these areas after retirement. Steffens found that people who had not read earlier in life did not turn to reading in later life. It is difficult to acquire new habits at any stage in life.

Because of the high proportion of elderly non-readers attending bibliotherapy groups over the six years of weekly visits to convalescent hospitals, I have evolved a special format for conducting bibliotherapy groups. This format includes: (1) short news items, usually of a controversial nature to stimulate discussion; (2) some humor, for relaxation; (3) a short movie, because more senses are involved; (4) perhaps some poetry on the same theme as the movie or news item, because it is short, has rhythm, and sometimes is nostalgic; (5) a short bit of a biography or other book we are reading together, to provide some continuity. Sometimes a play is read by the group; and there is always time for discussion of the material and planning for the following week based on interests of the group.

The major preoccupation in old age is the life review, says John Clausen in Aging and Society. He suggests that the life review serves to preserve an identity that can no longer be validated in the present (5). Other researchers such as Kastenbaum and Butler maintain that the life review is normal and universal and that this process intensifies in times of crisis. This life review is familiar in younger people facing death as well as in older people. The life review occurs irrespective of environmental conditions. Its nature is both conscious and unconscious and its function is reintegration of personality and preparation for death

(7:248). Butler postulates that it is likely that in most elderly people a substantial reorganization of the personality does occur. Indeed this may help account for the evolution of such qualities as candor, wisdom, and serenity. While environmental deprivation and decreasing health are importantly related to depression, character and personality in their life-long unfolding strongly influence the maintenance of health in older years (4:368-371).

Carl Jung has said that a primary function of old age is to reel in one's projections, the difficult task of recognizing and accepting, with no crippling guilt, one's own responsibility for the way one's life has been lived (17).

Reminiscence is one way to come to terms with one's life as lived and to accept one's self as the liver of that life, to be able to accept one's self ethically and morally, to be able to say, "Yes, it's all right, all of it."

As unlikely as it seems, a movie on beavers once started a partial life review for a retired railroader. As one association led to another, he revealed his parents' opposition to his chosen career. He had resented their opposition, but was now willing to let this resentment go. He hoped his parents realized that it had been the right career for him.

In Saul Bellow's novel, Mr. Sammler's Planet, Arthur Sammler reviews his life. He realizes that most of his life he has been an observer. Other people have served him. He came to terms with the fact that he had never been very fond of his only daughter. She has revered him. As he faces his self-absorption and noninvolvement, he is able to feel compassion and even love for his daughter and others (1).

As Robert Butler points out, Graham Greene wrote his autobiography with much the same motive as made him a novelist: a desire to reduce a chaos of experience to some sort of order (3). Charles Augustus Lindbergh writes in his autobiography that he is seeking to come to terms with the leadership role he played in the development and rapid growth of a technological society and he realizes some of the destructive human aspects of such a technologically-dominated society (8). Nathaniel Hawthorne's short story, "Dr. Heidegger's Experiment," now made into a movie (6), provided an opening to ask the question and discuss "How would I have lived my life differently?"

Florida Scott-Maxwell, who wrote at 82 The Measure of My Days, says, "We who are old know that age is more than a disability. It is an intense and varied experience, almost beyond our capacity at times but something to be carried high" (13:1). She speaks of the passionate times "when one has time to face everything one has had, been, done, [to] gather them all in: the things that came from outside, and those from inside. We have time at last to make them truly ours. . . . When you truly possess all you have been and done . . . you are fierce with reality. When at last age has assembled you together, will it not be easy to let it all go, lived, balanced, over?" (13:42)

Recently, the subject of death has been explored by many psychiatrists, theologians, and philosophers, and it is a subject that should be included when attempting to meet the need of spiritual satisfaction in older adults. Some older people do not want to talk about death. Many staff members in convalescent hospitals do not wish to discuss death. If a particular group wishes to discuss death or life after death, we discuss it. However, only one bibliotherapy group has made such a request. Many seniors allude to their deaths, and many seniors avoid the topic. I seek to be aware of a group's interests. If individual needs cannot be met in a group discussion, I bring materials and allow time for individual conversation.

One woman was concerned about high burial costs. The other members of the group wished to avoid this topic. I was able to bring materials for the interested group member from a funeral society which featured a low cost membership plan. As we talked together outside the group, she mentioned that her family had declined to discuss this subject with her. Now that she had the funeral society materials, she would insist on exploring this matter with her family. She preferred not to burden her family with an expensive funeral.

In life and at death, the freedom to choose among the options that exist is tantamount to maintaining one's human dignity and in coming to acceptance of life's inexorable processes. The library and its service providers can bring materials and human resources to help maintain the dignity of older adults.

REFERENCES

1. Bellow, Saul. Mr. Sammler's Planet. New York: Viking Press, 1969.
2. Birren, James E. The Psychology of Aging. Englewood Cliffs, N.J.: Prentice-Hall, 1964.
3. Butler, Robert N. "The Life Review." Psychology Today 5 (December 1971):49-51, 89.
4. Butler, Robert N. Why Survive? Being Old in America. New York: Harper & Row, 1969.
5. Clausen, John A. "The Life Course of Individuals." In Mathilda Riley et al., Aging and Society: A Sociology of Age Stratification, Vol. 3, pp. 457-514. New York: Russell Sage Foundation, 1972.
6. "Dr. Heideggers' Experiment." Color film, 22 min. Encyclopedia Britannica Educational Corporation, 1970.
7. Kastenbaum, Robert, ed. New Thoughts on Old Age. New York: Springer Publishing Co., 1964.

8. Lindberg, Charles. Autobiography of Values. New York: Harcourt Brace Jovanovitch, 1978.

9. Puner, Morton. To the Good Long Life. New York: Universe Books, 1974.

10. Riley, Mathilda et al. Aging and Society: Aging and the Professions, vol. 2. New York: Russell Sage Foundation, 1969.

11. Romani, Dorothy. "Reading Interests and Needs." Library Trends 21 (January 1973):390-403.

12. Saul, Shura. Aging: An Album of People Growing Old. New York: John Wiley & Sons, 1974.

13. Scott-Maxwell, Florida. The Measure of My Days. New York: Alfred A. Knopf, 1968.

14. Sohngen, Mary. "The Experience of Old Age as Depicted in Contemporary Novels." The Gerontologist 17 (February 1977):70-78.

15. Steffens, Elizabeth R. "An Inquiry into the Reading Habits and Interests of Three Selected Groups of Retired People and People of Retirement Age." Thesis, San Jose State University, 1964.

16. Tournier, Paul. Learn to Grow Old. New York: Springer Publishing Co., 1964.

17. Wheelwright, Joseph. Lecture given at University of California, Santa Cruz, 1976.

18. Whiskin, Frederick. "On the Meaning and Function of Reading in Older Life." In Robert Kastenbaum, New Thoughts on Old Age, pp. 300-304. New York: Springer Publishing Co., 1964.

SUMMARY OF ORAL PRESENTATION

by Clara E. Lack June 22, 1978

1. Clara Lack's goals in working with older people in convalescent homes, where the residents are mentally competent but need physical care and supervision, are two: socialization and intellectual stimulation. Literature and its discussion serves both purposes well. Secondary goals of self-expression and increasing the sense of self-worth are also outcomes of the bibliotherapy discussion groups. The role of the librarian is primarily to bring literature, the selection of which is based in part on the choices of the group, and to create the climate of friendliness and stimulating interest within which it is discussed. Significant client reactions are noted for follow-up with the staff.

2. Outcomes of bibliotherapy discussion include what Butler has called "personality reorientation" and self-affirmation. Librarians providing such outreach service are dealing with a variety of emotional situations, and need a place to discuss the experiences and their feelings about them; death, for example, must be a concept with which the librarian feels easy in discussion. Preparation of librarians for the work of the bibliotherapist with older adults must include concern for this kind of readiness.

3. The selection of literature (books, films) for use with older adults is made in terms of what will be of interest, make people feel better, and what will produce spontaneous discussion. The timing of use of a piece of literature is important; discussion comes spontaneously when people have resolved their feelings about situations which the literature highlights, but before these feelings have begun to be resolved, the literature may be too

close to people to allow articulate response but nevertheless may make its contribution in opening people up to new adjustments and perspectives. A bibliotherapist is truly an explorer, helping people to open up and providing needed follow-up. Overt response is not demanded of all the group at each phase of the program, but the bibliotherapist needs to sense that the material elicits internal response.

4. The librarian works in a clinical mode with people in pain or in acute loss. The team function is available for the public librarian in relation to the staff of each convalescent center or home. Records are kept of the program and of group and individual reactions, with notes on needed follow-up.
5. Evaluation of the service is made in terms of the group members' return to the next session, in terms of the enthusiasm demonstrated by the group, and from the staff's oral feedback and written evaluation.

DISCUSSION OF CLARA E. LACK'S PAPER AND PRESENTATION

June 22, 1978

1. Ray inquired the extent to which it had been possible for Lack to measure the effectiveness of her program in terms of the goals of socialization, mental stimulation, and self-affirmation. Lack responded that such goals were not precisely enough focussed to allow tight evaluation. Later, Lack pointed out that the pattern of program which she presents (news, humor, poetry, short reading, a film, discussion) includes a diversity of activities; Berry emphasized the difficulty of evaluating the influence of even a portion of such a program, although the Santa Clara County program with two full-time bibliotherapists was bound to have impact. Merriam reinforced the percep-

tion of the difficulty of controlling many group variables.

2. The question of the effect of rereading old favorites was raised by Monroe, and Lack responded that not only is there enjoyment at such rereading but also it stimulates life review; people remember when they read a particular book, how it related to their lives at the time. Monroe suggested that such rereading brings a reassessment of the literature and brings new insight on self ("why did I enjoy this book so much then?"). Rereading, then, was seen to assist in the important older age task of reintegration of self as related to total life review. Implications for library policy were that public library collections may wisely retain some of the "second level" writing, as well as classics, so that it is available for this kind of rereading. Blackshear strongly confirmed this with her experience with Dorothy Canfield Fisher's My Son's Wife (1923) which a group of older women found eminently discussable, but which only one public library in the Madison, Wisconsin, area still retained. Blackshear had gone back to read the reviews of the title, and found one reviewer who identified this book as one that "will be useful fifty years from now"!

3. In response to the question on whether Lack selected reading materials with specific patterns of emotional satisfaction (as mysteries, romances, etc.), Lack replied that she seldom selected total books for reading with older adults in convalescent homes, but that she often retold the story briefly and read only portions. "Very few frail older adults in convalescent hospitals are readers." Biography is more popular than novels. Berry countered that older adult groups vary greatly in the readiness to read, that he and a colleague were conducting book discussion in the same

program with two different groups and found that one group came with readings completed and ready to talk while the other group did all their reading aloud in the group. The differences related to educational background, to the young-old and old-old group differences, and so forth. The old-old tend not to prepare in advance as much, and to have their bibliotherapeutic experiences in the group rather than in preparation for the group.

4. Ray pointed out that some of the variation between groups lay not in age itself, but in the "cohort effect": the shared life experiences of people born in a particular span of years, experiencing such major events of their time as a war, Depression, and so forth, at the same age. Gandel expanded this perception by pointing out that some group differences related to socio-economic levels as well as cohort groups, and that ethnic group differences dictate the choice of effective literature.

5. Kohlenbrener asked: "How often do the preoccupations of individuals in the group dictate what is discussed rather than the literature stimulating the topic for discussion? Is it the particular literature that matters? Is the need to talk about special problems so great that the literature merely serves to activate discussion but the substance comes from the people in the group?" Again, it was recognized that groups vary greatly in this matter, but particularly in the clinical mode of bibliotherapy, identification of important personal needs is essential in order to select materials which will contribute substantively to the discussion of common preoccupations of the group. This was seen as close to the heart of bibliotherapy.

6. Discussion of the "prescriptive" selection of materials for bibliotherapy groups led to recognition that the familiar "prescription" service enjoying Menninger's

backing in the 1930s was developed in the individual bibliotherapy mode rather than in the now-prevalent group bibliotherapy mode. Oathout's concept* that certain types of mental illnesses call for specific types of literature was seen as outmoded by the recognition that "types" of mental illness such as schizophrenia are now recognized to be very loose labels covering a variety of problems. Reading interests, personalities of members of the group, and group dynamics were thought to be more significant, and there was general rejection of the "prescription" of literature. This reinforced the preference of Lack and others for the participants' sharing in the choice of literature to be used. Lack concluded that "you can't prescribe literature with any precision, and any prescribed literature demands discussion so that participants may work through the reactions to an imposed reading."

7. Luber reported a recent, carefully controlled research study on the capacity of poetry to change participant mood in expected directions among psychiatric patients. It was found possible to rate poems for mood (negative or positive) but that it was very difficult to make finer distinctions in mood. Mental health professionals, patients, and English professors showed the same wide range of evaluation in the finer distinctions.** In applying poetry and other materials to change mood it was found that poetry as an intervention was no more effective than newspaper articles in affecting mood; that in one instance a newspaper article was more effective in the immediate mood change; and that neither

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*Melvin C. Oathout, "Books and Mental Patients," Library Journal 79 (March 1, 1954):405-410.

**R. F. Luber, "Evaluation of Poetic Mood with the Semantic Differential," Psychological Reports 39 (1976):499-502.

were effective in changing moods of patients between the initial and the final measurement in a discussion period.* It was concluded that poetry may not be looked to for altering mood of psychiatric patients. Seven semantic differential scales were used as the measurement tool.

8. Luber went on to expand his perspective on the selection of poetry in the process of poetry therapy. "In poetry therapy, I do select poems for issues or concepts at the cognitive level, related to problems of individual members of the group. But it is important to recognize that the poetry is not a 'cure,' but part of an overall treatment program. The single poem cannot be considered an independent therapy or cure, but makes a contribution to a total treatment plan." Hynes contrasted Luber's position on poetry therapy to that of Jack Leedy, who aspires to achieve a prescription service, with a poem predicted to provide a cure for a specific ill. Hynes stated her preference for Luber's position that while the content of a poem may be related to the patient needs, it cannot be said that its selection predicts outcome as one would if one were prescribing a cure. The difference between selection and prescription of materials is significant. Berry summarized this aspect of the discussion with the comment: "This is very different from the 1930s bag of tricks that said 'Read this and get well.' Discussion is essential for the interaction at the cognitive level as well as for release of mood or feeling."**

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*R. F. Luber, "Assessment of Mood Change as a Function of Poetry Therapy," Art Psychotherapy: An International Journal (forthcoming).

**Berry referred specifically to G. R. Kamman, who defined bibliotherapy as a form of "psychological dietetics." ("The Doctor and the Patient's Library," Transactions of the American Hospital Association 36 [1934]:374-384.)

RESEARCH IN BIBLIOTHERAPY APPLICABLE TO SELF-ACTUALIZATION IN OLDER ADULTS

Rhonda Gandel

Bibliotherapy has been both the victim and the beneficiary of a multitude of definitional perspectives. A great deal of time and energy is commonly exhausted debating just what is and what is not bibliotherapy. This, in my view, is unimportant, wasteful, and, worse, works toward the discrediting of bibliotherapy in the eyes of the general public, who feels unwilling to credit a concept of such amorphousness. For myself, I am willing, at this point, to make bibliotherapy a generic term covering a number of as yet unnamed sub-categories.

The first of these sub-categories is what the general psychological literature has called "bibliotherapy" and what the library has called well-performed "reader guidance." This sub-type of bibliotherapy best serves the needs of the educated, reading acclimated, non-neurotic person. It is also used as an adjunct therapy to more traditional forms of psychotherapy with functioning, reality-oriented individuals. What distinguishes this type of bibliotherapy from the others is its lack of a necessary interaction component. This is not to imply that the individual library patron may not choose to discuss the reading material with the librarian or that the patient may not choose to discuss what has been read with the therapist. What it does is leave the element of choice in the hands of the reader.

This bibliotherapeutic model makes some very crucial assumptions. It assumes that, for relatively psychologically healthy people, literature will not be able to induce psychologically harmful effects. It presupposes the ability to accept that which is meaningful and relevant and to reject what is not. The individual may experience the identification, projection, catharsis, and insight described by Shrodes in her 1949 doctoral dissertation, "Bibliotherapy: A Theoretical and Clinical Study" (30), and may not reach some crucial understanding. Additionally, the literature may serve some cognitive function, aiding the individual with a display of possible coping mechanisms and helping the individual in important aspects of the decision-making process.

A second type of bibliotherapy is what I shall call, for lack of a more suitable or interesting name, "needs gratification" bibliotherapy, based on the needs hierarchy of Maslow (18). This type of bibliotherapy best serves the interests of those who are suffering some psychological maladjustment due to unfulfilled basic needs or fear of the loss of gratification of basic needs.

Looking at the Maslow hierarchy, we find that the basic needs include physiological needs such as food or water followed by the safety needs, the belongingness and love needs, the esteem needs, and, lastly, by the need for self-actualization. If any of these needs, except for the self-actualization need which is not a need per se, but more a growth process, are not gratified, they persist in molding personality and behavior, usually to the detriment of the individual.

Bibliotherapy of this type must be carried out in a total therapeutic environment, under the auspices of a professional therapist with a consulting librarian or literature expert. Because in this case individuals may not have the ability to read and accept or reject on a rational or healthy basis, interaction with the therapist, consulting librarian, or, in the case of group bibliotherapy, with other members of the group is essential.

It is obvious that these are just two sub-groups and that many other forms of bibliotherapy are possible. Because, however, these are the types that concern me in this paper, I have felt the need to describe them more fully.

Like any other classification of the population, the elderly are a heterogeneous group, especially in the area of needs gratification, which itself is not a constant, but a shifting, variable category. Like any group, some elderly are absorbed in meeting their physiological needs. Bibliotherapy would, of course, be of little use to those who were suffering extreme deprivation of their physiological needs. Only food will appease the hunger of a starving person. But at other levels, the safety, belongingness, and esteem needs, bibliotherapy can be an effective tool in assisting the individual in 1) understanding the unfulfilled basic needs that may lie at the root of some crucial personality problems and 2) discovering, through the presentation of appropriate and relevant role models, possible coping strategies that will serve them in future situations where specific need gratification is threatened.

Elderly people, particularly those newly institutionalized, suffering from a recently occurring chronic disease or disability or recently retired from a profession to which their identity was closely tied, may suddenly find themselves at a lower level of the needs hierarchy, thrust back into coping with the gratification of lower needs. In the institution, the individual may experience a feeling of helplessness, of inability to control his or her environment, and thus suffer from unfulfilled safety needs. Death of a spouse may result in unfulfilled belongingness needs, or even safety needs. A recently retired individual may find himself or herself less gratified in the area of esteem needs. For these elderly people, bibliotherapy may be a useful tool for the re-integration of the personality, assisting the individual in better understanding him or herself, and in the forming of a more pertinent, meaningful self-concept.

Although few studies have dealt precisely with the use of bibliotherapy in the improvement of self-concept or the re-integration of the personality structure in predominantly healthy people, studies have been done that relate to aspects of this.

The study that deals most closely with this topic is Thomas Zentner's study, "Bibliotherapy and the Self-Concept," a doctoral dissertation done in 1974 (34). The study was designed to look at the relative effectiveness of a bibliotherapeutic agent in increasing self-concept and to assess the significance that reading ability had on effectiveness of treatment. He found that reading, even without discussion, of what might be considered a bibliotherapeutic piece of literature, in this case Victor Frankl's Man's Search for Meaning, can aid in the improvement of self-concept. It should be noted, however, that Zentner's study was done with college students, whose reading abilities and familiarity with reading may not be reflective of the general public or of the elderly in particular. However, when we limit the population to those elderly people who have a history of being book-oriented, this study has much relevance.

The Zentner model is indicative of what I have called the reading guidance model which is effective with healthy, normal elderly people. If people are not seriously ungratified at any lower level of the Maslow hierarchy, then one may assume them to be at the self-actualizing stage. As Maslow, in Motivation and Personality, says:

> [Self-actualizers] attempt to grow to perfection and to develop more fully in their own style. For them, motivation is just character growth, character expression, maturation, and development; in a word, self-actualization (18:159).

It is obvious that bibliotherapy would be of some use to individuals at the stage of self-actualization, as hinted at in the Zentner study as well as in various others (Flora Fennimore, Kent Mahoney, Zentner). If we conceive of self-actualization as a never completed process, as the functioning of the organism when its basic needs are fulfilled, then in what ways can bibliotherapy be useful to the older adult?

First, the studies on reminiscence are significant in showing that those who can reminisce tend to have better self-concepts and to be better adjusted than those who cannot. Reminiscence may be thought of as a process by which a person tries to put order and meaning into his or her life. By reminiscing, meaningful events are focussed on, their influence in one's life is reflected on, and the individual comes in closer touch with the essence of himself or herself. Bibliotherapy can be particularly meaningful to those self-actualizing elderly people in the processes of reminiscing. Creative literature such as novels, short stories, and poetry may take an individual back to his or her youth, sharpening memories and re-creating past joys and sorrows. The use of photographic or picture books may recreate the past and bring back events and emotions long forgotten.

Reminiscing may be thought of as putting one's life in order. There is a theory that order, in the sense of orderliness, brings meaning. If that is the case, then bibliotherapy, by aiding in the reminiscing process, may be significant in the process of self-actualization.

For the older self-actualizer, therapy per se is uncalled for. The individual may go to the library, seeking assistance from the librarian in finding those materials that will best meet his or her interests or assist in problem solving or decision making. The librarian, by knowing the individual and by knowing about and having some basic understanding of the gerontological literature which will deal with some of the concomitant problems of the aging process, will be able to assist the individual in purposeful book selection.

However, the elderly self-actualizer, like self-actualizers in any strata of the population, are in the minority. Many of the facets of aging discussed previously, such as death of spouse and retirement, may create problems of nongratification at lower levels of the hierarchy. If these problems are not severe, directed reading, as prescribed by a librarian, may be significant in aiding the individual to see his or her problems clearly and in a societal context. Time and gradual normal readjustment will go a long way toward completing the readjustment process.

For the elderly person whose problems of ungratified basic needs are severe, therapy with a trained, qualified therapist, may be necessary. For these people, rooted as they are at a particular level of the basic needs hierarchy, bibliotherapy as practiced by a therapist with the assistance of a consulting librarian may aid in 1) helping the individual to bring unconscious motivations to the surface (26,21), 2) helping the individual to deal with these motivations by enabling him or her to verbalize them (29), and 3) helping in the creation of new ideas and methods of problem solving and coping by creating role and problem-solving models.

A vast number of articles and studies deal with the use of bibliotherapy in the treatment of some forms of mental illness.

Bryan, in an early article (4), draws on the mind-body interaction for the alleviating of symptoms of maladjustment and for the prevention of future maladjustment. Bryan (4: 775) states, "The field of bibliotherapy might be defined as the prescription of reading materials which will help to develop emotional security and nourish and sustain mental health." Development and enhancement of feelings of self-worth, belongingness, and security would help, not only in the alleviation of depression, but also in working toward preventing its onset. Bibliotherapy might be one useful way of working toward that end.

The self-image/reading/self-image cycle was discussed by Gilliam (9). She points to the fact that the more intensively a person experiences helplessness, which would be nongratification of the basic security needs, the more the individual's sense of self will descend and this in turn will lead to an even greater sense of insecurity and helplessness. As Gilliam (9:272) writes, "The individual who has learned to see himself as stupid and insignificant is enclosed by his self-concept until some significant person or persons in his life helps him see himself as capable or worthwhile."

Reading, with its choice of characters with whom one might interact, can provide these significant others. Gilliam goes on to state that this process will influence changes in personality while changes in character will influence ability to read and to understand what is read.

Probably the best known theorist with a positive attitude toward bibliotherapy is Karl Menninger who is primarily responsible for the clear delineation of the possible role of the physician in the bibliotherapeutic process. Menninger understood the nature of the effects of bibliotherapy to be:

> 1) Achieving insight which involves an emotional as well as an intellectual appreciation of his condition and may assist him to understand his frustrations;
>
> 2) Verbalizing his problems which may help him to overcome reticence and facilitate objective discussion;
>
> 3) Externalizing his problems so that his interests may be aroused to something outside himself which will enlarge his sphere of interests and help him to achieve external reality;
>
> 4) Identifying with a character or experience so that a subsequent abreaction may be achieved;
>
> 5) Thinking more constructively between therapeutic conferences and being stimulated to digest and synthesize what he has learned about himself. (21)

For the elderly person whose life may be pushed off-balance by any of the severe crises that come with the aging process, it may be necessary for the person to be able to verbalize, externalize, and work toward the achievement of insight. The Menninger model, for those who need the extra help of a therapist, would certainly be appropriate.

In "Bibliotherapy and Psychiatry: Changing Concepts 1937-1957," Ryan (28) lists what she feels are the aims of the psychiatrist using bibliotherapy:

1) Show the patient he is not the first to encounter the problem he is facing;
2) Show the patient there is often more than one choice available;
3) Show that there are underlying motivations to behavior;
4) Show that there are values involved in human experience not just materialistic considerations;
5) Show the patient he can face his situation realistically and plan and carry through a course of action.

These apply particularly well to the elderly person who is trying to understand the underlying motivations for his or her behavior. With understanding can come a better grip on reality because motivations are no longer threatening and unknown. Through bibliotherapy, as well as more personalized, immediate therapy, the crack may be opened that allows light to come through.

In general, for both the gratified self-actualizer and the elderly who have problems of adjustment due to the crises of aging that create basic uncertainty as to needs fulfillment, reading may offer a new frame of reference which could extend his or her awareness and enrich understanding. The degree to which this extension happens is dependent upon the strength of the emotional attitude evoked by the literature. If this identification is positive, it can enhance the reader's self-regard and may provide a model for emulation. A negative identification is usually engendered because of a real threat to one's self-image, and may take the form of projection onto a character of the feelings and emotions which have been repressed because they are, at the moment, unacceptable to the self. In inducing these projections, however, the bibliotherapeutic process may act as a catalyst in freeing the emotions from their unconscious roots. Literature, because of the direct and concrete representations it gives to life engages the emotions, enabling the reader to re-live episodes from his or her past. Elderly people in particular may respond to this task of memory and life organization for which the bibliotherapeutic process is so useful.

In this paper I have not explored the use of bibliotherapy with those elderly individuals with organic brain syndrome, senility, or other serious mental disturbances. This may be a valid area for exploration as the literature is replete with the use of bibliotherapy in mental institutions and veterans' hospitals. I have instead tried to explore the use of bibliotherapy with the segment of the elderly population whose problems are either those of personal growth or those that relate significantly to the aging process and are predominantly readjustment problems. For these groups, bibliotherapy can add significantly to life satisfaction and enhancement.

REFERENCES

1. Altmann, H., and Nielson, B. "The Influence of Bibliotherapy on Self-Esteem." Cornell Journal of Social Relations 9 (Fall 1976):217-223.

2. Blackman, D. K. et al. "Increasing Participation in Social Interaction of the Institutionalized Elderly." Gerontologist 16 (February 1976):69-76.

3. Bloom, Kenneth. "Age and Self-Concept." American Journal of Psychiatry 118 (1961):534-538.

4. Bryan, Alice J. "Can there be a Science of Bibliotherapy?" Library Journal 64 (October 1939):773-776.

5. Crowder, J. E., and Thornton, D. W. "Effects of Systematic Desensitization, Programmed Fantasy, and Bibliotherapy on a Specific Fear." Behavior Research and Therapy 8 (January 1970):35-41.

6. Farberow, N. L., and Moriwaki, S. Y. "Self Destructive Crises in the Older Person." Gerontologist 15 (August 1975):333-337.

7. Fennimore, Flora. "Reading and the Self-Concept." Journal of Reading 11 (March 1968):447-451.

8. Floch, Maurice. "Bibliotherapy and the Library." Bookmark 18 (December 1958):57-59.

9. Gilliam, Isobel. "Self-Concept and Reading." Reading Teacher 21 (December 1967):270-273.

10. Goffman, Erving. Stigma: Notes on the Management of Spoiled Identity. Englewood Cliffs, N.J.: Prentice Hall, 1963.

11. Griffin, Robert. "Personal Meaning and Personal Learning as Educational Concepts." Clearing House 50 (January 1977):227-230.

12. Havighurst, Robert J. "Developmental Tasks and Education." In Adult Psychology by Ledford Bischof. New York: Harper & Row, 1976.

13. Henderson, M. A. "Reading While Becoming: Affective Approaches." Journal of Reading 20 (January 1977): 317-326.

14. Kaufman, F. W., and Taylor, W. S. "Literature as Adjustment." Journal of Abnormal and Social Psychology 31 (July 1936):229-234.

15. Koch, Kenneth. *I Never Told Anybody . . . Teaching Poetry in a Nursing Home*. New York: Random House, 1977.

16. Lewis, Charles N. "Reminiscing and Self-Concept in Old Age." *Journal of Gerontology* 16 (1971): 240-243.

17. Mahoney, Kent. "The Effect of Adlerian Groups on the Authoritarian Child-Rearing Practices of Adults." Doctoral dissertation, University of Wyoming, 1974.

18. Maslow, Abraham. *Motivation and Personality*. New York: Harper & Row, 1954.

19. Mason, Evelyn. "Some Correlates of Self-Judgments of the Aged." *Journal of Gerontology* 9 (1954): 324-337.

20. Matthews, Sarah. "Old Women and Identity Maintenance." *Urban Life* 4 (October 1975):339-348.

21. Menninger, Karl. "Reading as Therapy." *ALA Bulletin* 55 (April 1961):316-319.

22. Monge, Rolf H. "Structure of the Self-Concept from Adolescence through Old Age." *Experimental Aging Research* 1 (November 1975):281-291.

23. Neugarten, Bernice L., Morse, Joan W., and Lowe, John C. "Age Norms, Age Constraints, and Adult Socialization." In *Middle Age and Aging*. Edited by Bernice Neugarten. Chicago: University of Chicago Press, 1968.

24. Newton, Eunice. "Bibliotherapy in the Development of Group Self-Concept." *Journal of Negro Education* 38 (Summer 1969):257-269.

25. Peters, George R. "Self-Conceptions of the Aged, Age Identification, and Aging." *Gerontologist* 11 (February 1971):69-73.

26. Rogers, Carl. *Client-Centered Therapy*. Boston: Houghton Mifflin, 1951.

27. Rosow, I. "Adjustment of the Normal Aged." In *Processes of Aging*, vol. II. Edited by R. Williams, C. Tibbits, and W. Donohue. New York: Atherton Press, 1963.

28. Ryan, Mary Jane. "Bibliotherapy and Psychiatry: Changing Concepts 1937-1957." Special Libraries 48 (May-June 1957):197-199.

29. Shibutani, Tamotsu. Society and Personality: An Interactionist Approach to Social Psychology. Englewood Cliffs, N.J.: Prentice-Hall, 1961.

30. Shrodes, Caroline. "Bibliotherapy: A Theoretical and Clinical Study." Doctoral dissertation, University of California, 1949.

31. Tuckman, Jacob; Lorge, Irving; and Zeman, F. D. "The Self-Image in Aging." Journal of Genetic Psychology 90 (April 1961):317-321.

32. Wylie, Ruth. Self Concept. Lincoln: University of Nebraska Press, 1961.

33. Zentner, Thomas R. "The Effects of Bibliotherapy on Depressed Behavior in Prison Inmates." Masters thesis, University of Montana, 1972.

34. Zentner, Thomas R. "The Effects of Bibliotherapy and Level of Reading Ability on Self Concept." Doctoral dissertation, University of Montana, 1974.

SUMMARY OF ORAL PRESENTATION

by Rhonda Gandel June 22, 1978

1. The librarian must know the person in order to "do bibliotherapy"; not to know the person puts the service into the category of reading guidance or even reference. In addition to understanding the person to be served, the bibliotherapist must have a knowledge of the psychology of adults and of aging, and the social aspects of aging. The librarian may recommend (select, but probably not prescribe) the materials to be read, which may not have to be discussed in order to provide the bibliotherapeutic effect (Shrodes' model). Discussion should be left to the individual to initiate; bibliotherapy lies in the careful selection of materials for a purpose and the personal interaction of reader with materials.

2. Using the Maslow hierarchy as a construct within which to analyze bibliotherapy, one can see how the losses suffered by older adults remove them from self-actualization. Most older adults have losses in self-identity as they retire, lose a spouse, are relieved of parental duties; and "love and belonging" needs become more difficult to fill; in institutions, people have little control over their lives and therefore they do not feel safe. The important tasks of elderly, life review and reintegration of the self, are almost impossible under these circumstances. Bibliotherapy can help improve and maintain morale, fill some of these needs, and thus promote the possibility of self-actualization. Literature helps older adults see that their situation is not uncommon and that others have met the losses and lived full lives; literature may offer new role models. Bibliotherapy may help in the maintenance of morale of the elderly.

3. Daily life can gain meaning from the use of literature, as literature helps to expand the world that has been narrowed by decreasing daily contacts. Literature stimulates the life review process, which enables reintegration of the personality in this later phase of life. Further, literature brings one's own motivations to the surface; rereading for discussion brings understanding, and thoughts and feelings which are verbalized are then perceived more clearly.

DISCUSSION OF RHONDA GANDEL'S PAPER AND PRESENTATION

June 22, 1978

1. Berry voiced disagreement with the point that group discussion is not essential to bibliotherapy: interface with only the literature, he said, is not bibliotherapy; bibliotherapy requires a facilitator and a group, to raise questions and to share in the reprocessing of the literature. Gandel responded that in her view the questions do not have to be raised by other people but can be raised by the reader in reflection on the literature; the group process just raises different questions, and the Shrodes model of a bibliotherapeutic process that goes on within the individual seems important to recognize. Berry responded: "That may be bibliotherapeutic, but it isn't bibliotherapy."
2. Rubin supported Berry's point, and stated that bibliotherapy is a "planned activity" in which materials are not prescribed or perhaps not even selected by a facilitator, and perhaps not read by the participant but are understood from an oral summary presented to the group. Gandel, eager to clarify, pressed a new angle: "Are you people saying that well-done reading guidance steps over into bibliotherapy if there is discussion of the material?"

Berry and Rubin agreed that that was the emphasis. Parks followed up by asking Berry and Rubin whether the home-bound-service librarian who gives the reader materials to solve a problem and then follow up with discussion on the return trip is indeed a bibliotherapist. Hinseth supported that idea, pointing out that it would be bibliotherapy if the goals of the facilitator were clear (the guidance was "done by design") and the content of the discussion related to the issue of concern to the individual.

3. Hynes moved to distinguish reading guidance from bibliotherapy further: the "warm relationship of the reader's adviser in discussion with the reader" is different from the objective bibliotherapist who, with professional competence, sets a goal of self understanding for her interactions with the reader. Reverting to an earlier discussion, Hynes pointed to the National Endowment for the Humanities' program on "Self Discovery through the Humanities"as bibliotherapy in the development mode. Rubin,who serves as advisory to NEH on this program, stated that about one in six of the questions opened for discussion in this series is oriented toward bibliotherapy. "Do you feel rage at the thought of dying?" is a bibliotherapeutically-oriented question on the Dylan Thomas poem. Five of six questions tend to elicit discussion of literary appreciation and literary values. The goals of the facilitator, therefore, will determine how the questions and discussion are handled in the "Self Discovery" series and whether the experience becomes bibliotherapy.

4. Monroe reported that she had observed bibliotherapists to have particular styles of follow-up questions which help the facilitator to exert gentle yet skillful pressure on participants to confront the meaning of what they have just said and to face the attitudes and feel-

ings inherent in their answers. "I expect there are other skills of similar sort, which, combined into a roster of techniques, would give us a description of bibliotherapy and begin to build a body of knowledge on which to base education for the task." The major practitioners in the group--Lack, Rubin, Hynes--felt that each bibliotherapist had developed a unique style, and Gandel and Luber pointed out that the sum of these would begin to outline the methodology so badly needed for training new practitioners. Luber commented, "While styles of facilitation differ, there is need to articulate the methodology if others are to learn the skills."

5. It became clear that there was unanimity that bibliotherapy techniques of questioning could not be applied by rote, but were based on sensitivity to why and when to use particular techniques, all of which is developed from a background of psychological knowledge and human insight.

6. "We have been speaking of bibliotherapy part of the time as a method of prevention of crises," commented Monroe. "Does this change the concept of bibliotherapy? Is the internal process of prevention the same as that for resolving crises?" Gandel commented directly on the question: Bibliotherapy that prepares people for coping with new roles that will come later and providing the skills and abilities to deal with the changes are the heart of prevention through bibliotherapy.

EDUCATION OF THE BIBLIOTHERAPIST

Arleen Hynes

In order to avoid confusion about the field of bibliotherapy for which we are describing the necessary education and training, the following definition will be used: Bibliotherapy is a generic term for the continuum of activities which imply the potential for self affirmation and growth or healing through the discussion of literature or films and their appeal to the feelings. The essential process lies in the interaction among the triad: the literature or film, the individual or individuals, and the bibliotherapist. Literature is the tool; the individual member is the significant re-actor; the bibliotherapist is the facilitator of the process. The process itself provides the clarification of the feeling response to the literature, through discussion, creative writing, or interior awareness. The dynamics of group process are an added dimension when bibliotherapy takes place in a group.

This paper presumes a familiarity with the literature in the field of bibliotherapy and specifically with Margaret Kinney's chapter in the October 1962 Library Trends recommending field work for training in bibliotherapy, as well as with Ruth Tews' speech made here in Madison some years ago to the effect that "the art of bibliotherapy cannot be taught . . . [it] must be learned by experience." Those of you who have already seen Rhea Rubin's new book know of her splendid review of the material about the subject of bibliotherapy education and training. Lois Hinseth's exploration of the subject of implicit contractual arrangements in the Health and Rehabilitative Library

Services bulletin of October 1975 also bears on the subject of certification resulting from training.

It is also presumed that the long years of experience in the fields of teaching, nursing, social work, clinical psychology and psychiatry have established the principle that endeavors dealing directly with helping persons toward self affirmation and growth or healing must have a base in guided experience acquired after basic education has taken place.

The principle underlying this proposal for federation standards for bibliotherapy training is that a general education in any of a variety of areas of study is required to build upon the supervised experiential training necessary. No college at the present offers a composite of the multidisciplinary course work that would make a baccalaureate or master's degree in Bibliotherapy a reality. Even if there were such a degree, field work would be essential before practice. In a very few places specific training programs are being initiated in order to provide the supervision for the necessary experiential work.

There are, at the present, very few bibliotherapists or poetry therapists capable of giving supervision for those who desire experience as preparation for the field. We are suggesting that for the time being, until enough trained persons are available throughout the country, that the bibliotherapy field utilize other mental health professionals whose standards are recognized. We specify, however, that the proposed supervisors read widely in the field of bibliotherapy and have an understanding of the unique role of the tool of literature in helping persons understand themselves better. When enough bibliotherapists have been trained, the standards will be changed. Other therapies such as recreational and occupational therapy, dance, art, and psychodrama recognize only supervision from those in their unique field. In time that will also be true of bibliotherapy.

We shall begin this paper with a brief description of the personal qualifications necessary for the field of bibliotherapy, outline the basic learnings which now appear to be necessary components of an adequate training program, give the background for attempting a federation for standard setting, list present organizations that might be asked to form the federation and, finally, propose specific standards.

PERSONAL QUALIFICATIONS

The bibliotherapist uses literature as the effective means to help the individual or group member better understand himself. Therefore, the bibliotherapist must have at heart a love of literature that welcomes sharing it with others, together with an eagerness to help others find their own reactions to it rather than having insights imposed on them. The characteristics of reliability, responsibility, consistency, discretion, confidentiality, nonexploitiveness, and emotional stability are fundamental requirements for the bibliotherapist. These basic qualities lead this well-rounded person to have the wisdom to seek and use supervision and consultation both during training and after. The mature person is comfortable with self and is free to be empathic towards others, thus assessing and helping the other see his needs more reliably than when others' needs are filtered through the viewer's intense personal needs. Respect for self results in respect for others as well. This basic understanding will prevent a false feeling of saviorism. The bibliotherapist knows that she or he can be an effective helper but cannot feel the emotions, gain the insights, change the behavior of others. The bibliotherapist relies on the effectiveness of the chosen literary piece to make the impact and on self as facilitator to lead the individual to find himself through the emotional response to the literature and to the group member's exchanges. The effective bibliotherapist has a way of using self to spark life, and to draw out and release the creative energies of the members of the bibliotherapy group.

BASIC COMPONENTS OF A TRAINING PROGRAM

After some years of experience in training bibliotherapists, I have identified the following factors that seem to be basic to a well-rounded training program.

I. There is an intellectual concept of the nature and goals of bibliotherapy that must be grasped. The understanding that the literature is the tool used by both the facilitator and the person involved to gain self-understanding and growth or healing established the priorities. The person involved is both the focus for change and the change instrument. The literature is the tool to stimulate feeling response, out of which will hopefully come new insights and creativity about change possibilities. The bibliotherapist is the catalyst for the interactions. When the literature or film is discussed in a group, the resulting emotional and intellectual interactions are an equally strong force in helping the individual experience himself more fully, and thus bring about growth and healing. These essentials of the discipline are affirmed by applying the general insights from the mental health field to bibliotherapy itself as well as by observing responses when the bibliotherapist practices bibliotherapy.

II. Information from the mental health field is necessary because the "therapy" or "helping" segment of our professional title means that we must be informed about these learnings. Classes within a formal bibliotherapy training program or classes in academic settings on such subjects as general psychology, developmental and abnormal psychology, personality theory, principles of psychotherapy, group dynamics and leadership factors in group work and communication theory and process, theories of creativity are necessary in order to properly facilitate self-growth and healing.

III. Broad familiarity in the field of literature, and love for it, are presumed to have been a force in the personal lives of those interested in bibliotherapy. Some have always loved to read and discuss the glowing ideas presented. Some have been drawn to the field by increased self understanding resulting from reading a specific piece of literature, others because they have found that the writing from their own experience or personal insight has been helpful to them.

Course work in surveys of literature, and specialized courses such as black poetry, women writers, "poetry since 1960," are valuable to expand the repertoire of the bibliotherapist. Work in the theories of language and language communications would also be helpful. Knowledge of the particulars of literary criticism plays little or no part in the emotional impact literature has upon the individual involved in the bibliotherapeutic process. Those who have practiced bibliotherapy know that one of the essential on-going duties is to be constantly reading and evaluating everything one comes into contact with in print or film for its potential to illuminate someone's reality situation or problem or to draw out the beauty in life.

IV. Potential for significant learning is available in many short-term workshops and seminars on mental health, interpersonal relations, self-evaluation and literature. Short-term courses are offered by adult education non-profit organizations, by mental health organizations, as well as in regular academic institutions. The interpersonal exchange and the lively interest of participants and faculty of these workshops or seminars, as well as their accessibility, make these informal learning experiences advisable adjuncts to more formal training.

V. The uniqueness and variety of the human person are so remarkable that human relations skills cannot be put into tidy categories that invariably respond on cue. Bibliotherapy, as all other therapeutic endeavors, must be learned by experience. Good therapists never stop learning from experience, even after the formal training period is completed.

Thus learning experiences must be provided that supply a trainee or intern with the dynamics of actual client reaction to the literature, to the trainee's facilitations, and to the interpersonal relationships with other members in the bibliotherapy group. This experience will be different with each piece of literature used and with each participant in the group. Thus there will be a cumulative effect as the training hours go on. The trainee or intern should have facilitated more than one long-term group experience. This dual opportunity provides experience in both forming and terminating groups, as well as providing diversity of personal experience.

VI. The experience of leading a group must be accompanied by supervision of a bibliotherapist, or while there are so few of those, by a mental health professional who understands the use of the tool of literature in promoting self-growth and understanding. The supervision must be hour for hour--an hour of group leadership followed by an hour with a supervisor for discussion of the processes and dynamics of what went on in the group.

Attention must be paid to the principles of psychotherapy in considering goals and in evaluating results. Some considered supervision must also be paid to the choice of the literary tool, the goals of that choice, where the piece led, and what kind of material might be suitable for the follow-up. All of these considerations will be in line with good mental health practice.

Where a formal training program is set up, group supervision of all the trainees or interns proves to be very valuable. Peers share their own feelings about what has happened in the groups they are leading, the kinds of responses they got from the use of particular pieces of literature, their evaluation of the effectiveness of a facilitating intervention, or how they might have improved their facilitator role. Since the group supervision is under the guidance of an accepted supervisor, both the dynamics of the group and professional insight are added to evaluating experience.

VII. The component of personal bibliotherapy experience in a group with peers in training is also valuable. The purpose of the bibliotherapy group experience is developmental, not clinical or therapeutic. All people in training are in an intensive growth process. This opportunity to get in touch with and to acknowledge emotional responses to literature is valuable in and of itself. It also identifies for the trainee or intern from personal experience how emotional responses can bring about change-inducing insights. This is a most intimate experiential learning.

RATIONALE FOR ESTABLISHING A FEDERATION FOR STANDARDS

Presently the field of bibliotherapy is emerging as a newly recognized modality. However, there is not a truly national organization which has resulted from the merger of the many interested groups. In order to maintain training and certification standards so the field will not flounder, it seems wise to move to establish such standards.

There are several organizations in evolving stages that are concerned with bibliotherapy or its main branch, poetry therapy. Some of these groups are offering training in bibliotherapy or poetry therapy, others do not intend to offer actual programs but are acutely interested in maintaining the validity of the field as a recognized psychotherapy.

It would seem feasible to suggest that several organizations come together as a Federation for Standards, recognizing each one's autonomy to offer training or workshops, to bond together for mutual interest in bibliotherapy, or to offer research opportunities. The number of organizations which would form the Federation is not an issue in organizing a group to establish specific standards in training, as long as a diversity of organizations are represented in the Federation. It will be the responsibility of the candidate to seek certification from the Federation.

The Federation for Standards would be made up of one designated member from each of the independent organizations who would have the delegated authority from that organization to the Federation for evaluating each of the candidates who present themselves for certification and validate the training experience when the candidate presumes he has fulfilled the general stated requirements for approval by the Federation. In this way each independent organization could proceed along its own lines of training with the assurance that the field of bibliotherapy would not be denigrated because there are no uniform standards of excellence and integrity in the field to be maintained. The prudential review of the Federation Standards should take place whenever 50 percent of the Federation ask for review or every five years, whichever is more frequent. The sanction of the Federation Standards will lie in their very reasonableness for maintaining excellence in the field and the zeal of the members of the Federation for furthering those standards in each of the local areas and the Federal Government position description and training structure.

PRESENT ORGANIZATIONS

The known relevant organizations will be sent a copy of these projected Federation Standards. Those organizations include three who use the terminology "poetry therapy." Bibliotherapists have no problem with recognizing such organizations as having full rights to set bibliotherapy standards since poetry is an unusually effective kind of literary genre with which to reach the emotions. Bibliotherapists, however, do not use this genre only and find that other forms of literature and film have an effectiveness of their own. Since literature is the common tool for growth, self-understanding and therapeutic activity, common standard setting seems most reasonable.

The Association for Poetry Therapy, 799 Broadway, New York, New York, 10003, is the oldest such organization and grants its own Certified Poetry Therapist (C.P.T.) rating. Jack J. Leedy, M.D. is the Executive Director. The Poetry Therapy Institute, 16917 Ventura Boulevard, Encino, Calif. 91316, headed by Arthur Lerner, Ph.D., is also offering training and workshops. The Institute for Sociotherapy and Gilbert A. Schloss, Ph.D., are offering courses in Psychopoetry at 39 East 20th Street, New York, N.Y. 10003. Dr. Schloss is also developing a Creative Arts Therapies program at Albertus Magnus College.

The American Library Association has both a Bibliotherapy Committee and a Bibliotherapy Discussion Group for members of the Health and Rehabilitation Library Services Section, ASLA. The Continuing Library Education Network and Exchange (CLENE), Elizabeth Stone, Ph.D., executive director, 620 Michigan Ave. N.E., Washington, D.C. 20064, is an organization interested in the development of continuing education recognition systems. These committees could speak for the standards the library field would wish to maintain when bibliotherapy is offered as a library service.

The Bibliotherapy Round Table, 3217 N. Pershing Dr., Arlington, VA 22201, is an organization which offers bibliotherapy meetings in conjunction with the Mental Health Librarians prior to the American Psychiatric Association Institute for Hospital and Community Psychiatry each year and at other appropriate times. Arleen Hynes is the Program Coordinator and Kenneth Gorelick, M.D., vice-chairman. The Institute for Study of Bibliotherapy, Inc. under Sister Mariam Schultheis, 724 W. 4th Street, Fort Wayne, Ind. 46808, is particularly oriented to work with children. Mr. Morris Morrison is establishing a Poetry Therapy Academy in Austin, Texas. There may well be other interested groups who would seek to join the Federation in order to safeguard the professionalism of the field of bibliotherapy.

If these Federation Standards can be accepted or amended so there will be cohesion and strength in this emerging field, we can hope to move in the direction of common acceptance of bibliotherapy as having equality of excellence with other longer established psychotherapies.

PROPOSALS FOR FEDERATION STANDARDS FOR BIBLIOTHERAPY PRACTICE

(Discussed will be standards for the Certified Bibliotherapist, the Master of Clinical Bibliotherapy, the Master of Development Bibliotherapy, and the Bibliotherapy Aide.)

Certified Bibliotherapist--Initial Level

Baccalaureate or Masters Degree required in the liberal arts, humanities or arts, education, social work, sociology, psychology, counseling, library science, nursing, recreational and occupational therapy or anthropology. Personal qualifications as given above (p. 117).

Certification:

Upon completion of the following requirements the Federation of associated organizations will grant a Certified Bibliotherapist (C.B.) "letter of completion" which would allow the C.B. to conduct bibliotherapy groups under the overall supervision of a Master of Clinical Bibliotherapy, a Master of Developmental Bibliotherapy, or where one of those is not geographically available, under a psychiatrist, clinical, counseling, or educational psychologist, psychiatric nurse or Master's Degree social worker who is informed about and understands bibliotherapy as a tool in mental health. Where the bibliotherapy patrons are mental patients, the Certified Bibliotherapist is not a primary therapist but will be sanctioned by and have patients referred by an administratively or clinically responsible mental health professional.

Education and training for Certification shall consist of 450 hours, gained either under the Program Plan (training in an established training program), or under one of the Individual Plan options.

I. Bibliotherapy experience under supervision

Three-quarters of the experience shall be in facilitating bibliotherapy in groups and/or with individuals under supervision.

Program Plan: Training in an established training program

A. Bibliotherapy facilitation experience
   1. At least two-thirds of the bibliotherapy sessions conducted by the trainee or intern must be held in a mental health, correctional, or community mental health setting caring for persons designated as needing treatment for mental or emotional illness.
   2. One-third of the experience may be gained by facilitating group bibliotherapy sessions with persons in a developmental situation such as a school, library, or voluntary organization setting attended by children, adolescents, adults or aging from the general population.

B. Supervision
   1. Hour per hour supervision must be provided by a Master of Clinical Bibliotherapy or a Master of Developmental Bibliotherapy, or if such are not available, a psychiatrist, counseling or clinical psychologist, or psychiatric nurse or Masters Degree social worker who is informed about and understands bibliotherapy as a tool in mental health.
      a. Reports written by the trainee after each group experience as well as verbal exchange will be the basis for supervision. Audio and visual tapes of the group sessions are also desirable.
      b. Supervision of a group of trainees by one

of the aforementioned qualified supervisors is also a useful and desirable modality.

c. Specific bibliotherapy supervision on the effectiveness of the bibliotherapy material chosen for use is also required.

Individual Plan: Individualized experience under professional supervision

A. Bibliotherapy facilitation experience

OPTION 1

The bibliotherapy trainee or intern shall assist as co-leader one of the above-mentioned accepted supervisors (see I.B.)

OPTION 2

The bibliotherapy trainee or intern shall lead a group referred to her or to him by an administratively or clinically responsible mental health professional.

1. At least two-thirds of the bibliotherapy sessions so co-led must be held in mental health, correctional or community mental health setting or in private practice with persons designated as needing or asking for treatment for mental/emotional illness.
2. One-third of the experience may also be gained by facilitating group bibliotherapy sessions with persons in a developmental situation such as a school, library, church, or voluntary organization setting attended by children, adolescents, adults, or aging from the general population.

B. Supervision

OPTION 1

The bibliotherapy trainee must assist as co-leader of a group led by an accepted supervisor (I.B.).

1. There must be pre- and post-meetings with the supervisor to identify the necessary learnings.
2. Specific bibliotherapy supervision on the effectiveness of the bibliotherapy materials chosen for use is also required.

OPTION 2

The trainee or intern will have individual supervision for groups referred by an administratively or clinically responsible mental health professional.

1. There will be supervision by one of the accepted supervisors (see I.B.) on the basis of an hour of supervision per each hour of bibliotherapy group held.
2. Specific bibliotherapy supervision on the effectiveness of the bibliotherapy materials chosen for use is also required.

II. Didactic and experiential learnings

One-quarter of the required work shall be in these categories.

Program Plan: Training in an established program

A. Didactic work in training seminars on the principles of bibliotherapy and the application of general mental and group dynamics principles to the particulars of bibliotherapy practice is necessary. The training program may contract for college course work to be done in bibliotherapy; general, developmental, and abnormal psychology; specific courses in personality theory and principles of psychotherapy; general courses in the therapeutic modalities of the mental health field, group dynamics, and leadership factors in group work, communications, surveys of literature, and specialized literature courses;

theories of language; library school courses in both selection and reference, children, adolescent, and adult literature courses as well as some adult education theory courses. Which courses will be required and accepted will be at the discretion of the program planners.

B. A developmental bibliotherapy group experience for trainees and interns will be conducted by one of the above-listed qualified supervisors (see I.B.). Included in the experience will be rotation of responsibility among the members for facilitation of the developmental group.

C. Attendance at related mental health, literature, or bibliotherapeutic workshops and seminars.

D. Attendance at staff meetings by the trainees or interns. When the trainee is working with people in a mental health, correctional, or community mental health setting, that person must attend staff meetings concerning the members of the bibliotherapy group she or he is facilitating.

Individual Plan:

A. College credit course work shall be taken from among courses listed under Program Plan, A.
B. Attendance at related mental health, literature, or bibliotherapeutic workshops or seminars.

The Master of Clinical Bibliotherapy (M.C.B.)

I. Requirements for those with a Baccalaureate Degree in liberal arts, humanities and arts, nursing, education, recreation, occupational therapy, sociology, psychology, library science or anthropology.

A. After attaining the Certified Bibliotherapist (C.B.), 1000 hours of experience in facilitating bibliotherapy groups shall be required. This experience shall be done under the general oversight of a Master of Clinical Bibliotherapy, or if there is not one available in the geographic area, under the general oversight of a psychiatrist, a counseling or clinical psychologist, a psychiatric nurse or Master's Degree social worker who is informed about and understands bibliotherapy as a tool in mental health.

B. The 1000 hours of bibliotherapy group shall be in a clinical or correctional setting or in work with addictive personalities or as a co-therapist in the practice of a licensed mental health worker.

C. Thereafter the therapeutic quality of the work is to be attested to in a letter by one of the accepted supervisors as listed above (see I.B.).

D. Upon review and validation of these clinical requirements the Federation will grant the Master of Clinical Bibliotherapy.

II. Requirements for those with a Master's Degree in liberal arts, the arts or humanities, nursing, education, recreation, occupational therapy, social work, psychology, counseling, library science, or anthropology.

A. After attaining the Certified Bibliotherapist (C.B.), 750 hours of experience in facilitating bibliotherapy groups shall be required. This experience shall be done under the general oversight of a Master of Clinical Bibliotherapy, or if there is not one available in the geographic area, under the general oversight of a psychiatrist, a counseling or clinical psychologist, a psychiatric nurse or Master's Degree social worker who is informed about and understands bibliotherapy as a tool in mental health.

B. The 750 hours of bibliotherapy group experience shall be in a clinical or correctional setting or in work with addictive personalities or as a co-therapist in the private practice of a licensed mental health worker.

C. Thereafter the therapeutic quality of the work is to be attested to in a letter by one of the accepted supervisors as listed above (see I.B.).

D. Upon review and validation of these requirements the Federation will grant the Master of Clinical Bibliotherapy.

III. The Master of Clinical Bibliotherapy will allow the qualified person to practice bibliotherapy without other supervision in a mental health or correctional setting or in work with addictive personalities as well as in private practice. Private practice will be subject to the licensing laws of individual states.

The Master of Developmental Bibliotherapy (M.D.B.)

I. Requirements for those with a baccalaureate degree in liberal arts, arts or humanities, nursing, education, recreation, occupational therapy, sociology, psychology, library science, or anthropology.

A. After attaining the Certified Bibliotherapist (C.B.), 1000 hours of experience in facilitating bibliotherapy groups shall be required. This experience shall be done under the general oversight of a Master of Clinical or a Master of Developmental Bibliotherapy, or if there is not one in the geographic area, under the general oversight of a psychiatrist, a counseling, educational, or clinical psychologist, a psychiatric nurse or Master's Degree social worker who is informed about and understands bibliotherapy as a tool in mental health.

B. The 1000 hours of bibliotherapy group work shall be in a developmental situation such as a school, library, or voluntary organization setting attended by children, adolescents, or aging from the general population.

C. Thereafter the growth-enhancing quality of the work is to be attested to by a letter by one of the accepted supervisors as listed above (see I.B.).

D. Upon review and validation of these requirements the Federation will grant the Master of Developmental Bibliotherapy.

II. Requirements for those with a Master's Degree in liberal arts, the arts or humanities, nursing, education, recreational and occupational therapy, social work, psychology, counseling, library science, or anthropology.

A. After attaining the Certified Bibliotherapist rating it shall be required that there be 750 hours of experience facilitating bibliotherapy groups under the general oversight of a Master of Clinical Bibliotherapy or a Master of Developmental Bibliotherapy, or if one is not geographically available, under a psychiatrist, a counseling educational or clinical psychologist, psychiatric nurse, or Master's Degree social worker who is informed about and understands bibliotherapy as a tool in mental health.

B. The 750 hours of work shall be in a developmental setting such as a school, library, church, or voluntary organization setting in work with normal school children, adolescents, adults, or aging.

C. Thereafter the growth-enhancing quality of the work is to be attested to in a letter by one of the accepted supervisors as listed above (see I.B.).

III. The Master of Developmental Bibliotherapy will allow the qualified person to practice bibliotherapy without supervision in a school, library, church, or voluntary organization setting.

Bibliotherapy Aide

Personal qualifications are the basic ones described above. There shall be no specific educational requirements. Love of literature, a rich quality of life and a sense of respect for self and others will be judged by the training program coordinators or by the individual M.C.B. or M.D.B. under whom the individuals shall seek training. The education and training requirements for the Aide shall be one-half that of the Certified Bibliotherapist--initial level. Thus the total number of hours shall be that of 220 hours.

Upon completion of 220 hours of supervised training, the Bibliotherapy Aide will be able to continue to lead or co-lead bibliotherapy sessions under the close oversight and guidance of an approved supervisor in a clinical or correctional setting or with addictive personalities, or in a school, library, or church, or voluntary organization which has a professional mental health worker on the staff to provide the necessary supervision.

* * *

Critical evaluation of these proposed standards by the Seminar members and by the members of the suggested organizations will be most welcome. Unless there is discussion and consultation among those vitally interested in acceptance by the mental health field for the modality of bibliotherapy, little can be accomplished to provide warranties of excellence. The basic components of bibliotherapeutic training may be seen in a different light by some, or the required number and the appropriate division of those hours may be questioned. The proposal for Federation Standards for Bibliotherapy Practice will hopefully provide a framework upon which to build a strong, cohesive structure for the field.

EDUCATION OF LIBRARIANS FOR BIBLIOTHERAPEUTIC SERVICE

Margaret E. Monroe

The notes presented here do not pretend to outline a course, but rather to raise some questions that most need consideration in planning the education of librarians for bibliotherapeutic service. The roots of these questions lie in the fields of professional education, adult education, and library education.

Library education bears the prime responsibility for the education of librarians in those things which are librarianship. To the extent that bibliotherapeutic services are an aspect of librarianship, library education has a responsibility to prepare librarians for this function. In my perspective, the bibliotherapeutic effect enabled by the use of library resources, under conditions of matching reader need and library resources, often occurs without professional intent or intervention; the bibliotherapeutic effect is a common experience of many regular library users (including librarians) and can be a major motivating force in the continued use of books and films. Skillful matching of resource to reader in the reading guidance process may enhance the frequency or effectiveness of catharsis and insight; young adult librarians traditionally focus attention on resource selection and reader guidance to these ends. Creation of group reading and discussion environments to encourage insight is a focus for many adult service librarians. Harris McClaskey (2) and Lesta Norris Burt (1) document the effectiveness of such library-based group discussion in making measurable positive change in behavior and attitudes. In short, library services with a bibliotherapeutic outcome are well established within traditional public and institutional library practice with the educational-humanistic thrust.

The experiences reported over the years by such institutional librarians as Margaret Hannigan, Mildred Moody, Ruth Tews, and others, have shown librarians to have gained experience in the clinical thrust of library resources used for therapeutic ends. Here librarians have functioned as one of a team of diverse specialists, with the librarian's role focussing on the library resources rather than on the counseling process.

The questions that professional education will ask concerning the preparation of librarians for bibliotherapeutic service, once it is accepted as a legitimate concern, include: (1) What is unique about the services that require a special focus within library education? and (2) Should those unique aspects be dealt with in library education, or do students more appropriately secure the specialty under the guidance of counselors, educators, psychologists--before, or after, the student's preparation as a librarian?

Let me respond that, within the field of librarianship, the uniqueness of bibliotherapeutic services lies in the depth of the librarian's understanding of the person served and of the library resources provided. As librarianship has developed a focus on "special publics" in the last fifteen to twenty years, appreciation of the relevance of depth understanding of users is increasingly common. The importance of depth in understanding the library's resources for their potential effect on the user, however, does not have widespread acceptance. Children's librarians and young adult specialists are the pioneers in this area; those adult service librarians who are oriented to reading guidance have a perception of the need. Counter to this perception, however, is librarianship's traditional refusal to intrude between the "book" and the "reader," and traditional rejection of the role of determining what the individual reads. These two equally essential perceptions have not yet been harmonized within library philosophy, and librarians turn of necessity to the context of education for justification of the role of reading guidance.

The librarian's role in therapy has consistently been viewed as legitimate only when the librarian works under the guidance of the trained therapist, or--perchance--is indeed a trained therapist as well as librarian. Counseling and activating of therapy is seen as outside the field of librarianship.

The conclusion that library education has reached, implicitly--since extensive explicit discussion of these issues under the rubric "bibliotherapy" has seldom taken place--is that therapy is not an aspect of preparation for librarianship. This must take place in programs of counseling and guidance or of clinical psychology.

On the other hand, the preparation of librarians for the skilled understanding of the life tasks and human crises of special publics, and for the depth analysis of library resources available to assist in meeting such needs, has been increasingly consciously understood. Helen Lyman, now at SUNY-Buffalo, and Patrick Penland at Pittsburgh are modern examples in library education, while Evalene Jackson, formerly of Emory University, and Sigrid Edge, formerly of Simmons, were exemplars a generation ago.

Although we do now find an appropriate place for education of librarians for bibliotherapeutic service within library education, the intensity and duration of such preparation has seldom been adequate in and of itself. Two additional sources of preparation have been relied upon: (1) the recruitment to librarianship of persons with backgrounds in counseling, psychology, or the teaching of literature, and who are ready to apply these areas of knowledge and skill into reading guidance with a bibliotherapeutic focus; and (2) the follow-up study by library school graduates in the same related areas through formal course work or through workshops on bibliotherapy, such as those competently conducted by Arleen Hynes and by Rhea J. Rubin over the last few years. Evaluation of these patterns of education for this specialist area is greatly needed.

Library education at the doctoral level has contributed to research in bibliotherapy, a function well illustrated by the research of Lesta Norris Burt and Harris McClaskey. The preparation of practitioners is not the function of doctoral programs. Library education's one-year Specialist (post-master) program of interdisciplinary study, however, offers real promise as a sound basis for the preparation of bibliotherapists who choose to function in the context of libraries.

We at the University of Wisconsin-Madison view the role of books and films in service to the older adult as a prime example of an approach to the preparation of librarians for work in the developmental mode of bibliotherapy. We have evolved a program of the preparation of librarians for this field at both Masters and Specialist levels at the University of Wisconsin-Madison, in conjunction with the Faye McBeath Institute on Aging and Adult Life. The interdisciplinary program consists of gerontology, adult education, social planning, and librarianship. The addition of courses in group process and mental health will further strengthen our program. I came to see that the first course, "Library Service to Aging," with its focus on the older adult, needed a counterpart course on literature. Our course "Creative Use of Literature with the Older Adult," to be offered for the first time in Spring 1979, will focus on relating the life tasks of older adults to the resources of both didactic and creative literature for the benign therapeutic effects that prevent crises and assist in problem solving. "An

Orientation to the Bibliotherapeutic Process for Librarians" (Appendix C) summarizes the bibliotherapeutic concepts presented in the course, while the "Guidelines for Book Analysis" and its "Matrix" (Appendix B) go to the heart of the learning design for analysis of literature for use with bibliotherapeutic goals.

The "Guidelines for Book Analysis" provide a learning tool for librarians in analysis of book, films, recordings for use in intensive reading guidance or developmental bibliotherapy with older adults or with users of any age concerned about aspects of aging. Highly significant to the "Guidelines" is Section II: "Content Analysis of Life Tasks." The twenty-eight life tasks aim at the most significant tasks of adults aged 55 or over, and are grouped in three categories. The first cluster of "Tasks of Major Change" are those typically identified in the literature of social gerontology and represent the major negative forces or events that occur most frequently in later years. The second cluster, "Tasks of Adjustment," represent those areas of life in which aging forces new orientation and from which new and different pleasures and satisfactions may emerge. The third cluster, "Tasks of Opportunity," are the strictly positive tasks available typically to older adults in our society, in the development of which the later years can provide fulfillment of the total life. The third cluster has typically been overlooked in gerontological literature, but fiction, poetry, and biography as well as didactic literature are rich in materials to meet the demands of these tasks.

The categories of Life Tasks provide the link from the "Guidelines" to the Life-Tasks Matrix, which records in a single framework the elements of the particular book, film, or recording useful to particular readers/viewers/ listeners at particular levels. This three-dimensional matrix allows a precision in analysis of the usefulness of literature that not only enables perfect recall of the analysis but good communication of this to other librarians working in intensive reading guidance or developmental bibliotherapy. Analysis of literature in these terms are the heart of the unique work of the librarian in bibliotherapeutic service.

The "Guidelines" have evolved over a three-year period, compositing contributions from students in Library Service to Aging in the 1975-76 class and the 1977-78 class, as well as work by myself and Debra Spear, my project assistant in 1978. The Life-Tasks Matrix is in its earliest phases of use, and will evolve, as the Guidelines have, over time and through incorporation of professional perceptions of all who use it. Designed as teaching tools, they may also serve those librarians for whom a form of "notation of bibliotherapeutic insight" has been a need. Until such tools become perfected, education for bibliotherapeutic service is delayed.

REFERENCES

1. Burt, Lesta. "Bibliotherapy: Effect of Group Reading and Discussion on Attitudes of Adult Inmates in Two Correctional Institutions." Doctoral dissertation, University of Wisconsin, 1972.
2. McClaskey, Harris C. "Bibliotherapy with Emotionally Disturbed Patients: An Experimental Study." Doctoral dissertation, University of Washington, 1970.

SUMMARY OF PRESENTATION AND DISCUSSION OF ARLEEN HYNES AND MARGARET E. MONROE PAPERS

June 22, 1978

1. Hynes made some supplementary remarks on her paper on "Education of the Bibliotherapist," and the discussion in this session focussed primarily on her paper. Hynes reviewed the personal characteristics needed in the student bibliotherapist: (1) love of literature that welcomes sharing it with others; (2) eagerness to help others discover for themselves the rewards of literature; (3) readiness to grow on the job; (4) mature self-respect and respect for others; and (5) creativity--these are the outstanding personal qualities among those mentioned in the paper. The bibliotherapist is presumed to have these qualities to enter the training program Hynes is offering at St. Elizabeth's Hospital in the District of Columbia.

2. Hynes elaborated on the concept of a Federation for Standards as a structure to enable the field to establish a foundation for control of quality in the practice of bibliotherapy. "Reasonable, realistic standards to assure quality are the goals." Hynes and others cited attempts among poetry therapists through the Association for Poetry Therapy to certify practitioners on the basis of "two years of training and a letter from a psychologist or psychiatrist," but without precise standards on what such training or recommendation should be based. Training issues and curriculum discussed in Margaret Kinney's chapter in the October 1962 Library Trends, in Chapter 21 of Poetry Therapy by Leedy, and in Rubin's Using Bibliotherapy were referred to.

3. Monroe raised the question: Is there a body of established positions for bibliotherapists so that standards for education and certification are meaningful?" It was agreed upon that few actual bibliotherapy positions are presently recognized in the formal structures of institutions or state or federal agencies. California does recognize the "Bibliotherapist I and II" and the Federal Civil Service has a Bibliotherapist rating in the G.S. 601 (few of this kind exist) category with ratings 7 to 11 recognized. These positions are presently recognized as being part of library services: bibliotherapists are on public and institution library staffs. Nevertheless, the actual performance of bibliotherapy is recognized as being practiced by other professionals in the mental health field as well. The skills and functions are being used and, even at this early stage, standardization is needed, Hynes affirmed.

4. The standards set forth in Hynes' paper reflect practice at St. Elizabeth's Hospital, where the training program has been developed by Arleen Hynes and Dr. Kenneth Gorelick, a psychiatrist, and their colleagues over the years. Few questions were raised over the standards for the Certified Bibliotherapist based on this formal education experience (the "Program Plan") but concern was voiced by Parks and others on the standards for supervision of the alternative "Individual Plan" designed to reach the isolated practitioner for whom an institutional group program was not practical. "What role has the psychiatrist or psychologist in the certification of the bibliotherapist if he or she has no knowledge of the use of literature for therapy?" asked Parks; "How can certification be built on training between two people neither of whom are expert in bibliotherapy?" Extended discussion of this point stressed that this "independent

training" program should be recognized as purely transitional, into a period when Master Bibliotherapists would be available to supervise training. Implicit, however, was the idea that the expertise of the mental health field was essential in maturing the trainee's orientation toward helping, not "saving," the patients; and it was recognized that the mutual learning between librarian, for example, and psychotherapist might provide a sound basis for quality product.

5. Monroe inquired of Hynes: "How are the basic personal characteristics which you set forth in your paper guaranteed? Do you select only people who have these? How do you determine that in advance?" Hynes clarified that the initial selection for the St. Elizabeth's training program was based on a series of interviews and letters of reference, not on tests. Trainees can be selected out in the course of the two-year program as a result of the periodic interviews. Throughout the program, training includes a continuous process of supervisory counseling based on experience in leading groups. This includes weekly individual supervision by a bibliotherapist, group supervision by a psychotherapist on an hour per hour basis--an hour of supervision per hour of conducting sessions. Furthermore, there is also the experience of peer group developmental bibliotherapy sessions throughout the entire program. In the Federation Standards, Hynes had relied upon the fact that each member organization of the Federation will select, train, and monitor its own trainees but at the completion of the program the intern must be approved by the Federation, if the intern is to be certified or registered. This provides an added layer of quality control.

6. "In the light of our uncertainty about some of the processes and techniques involved in bibliotherapy," asked Monroe, "is this the time for setting standards for widespread development of bibliotherapists? Will this not tend to produce a large number of poorly or partially prepared practitioners who will need retraining later?" She pointed to a possible alternative of high selectivity in number of programs, or an emphasis on research and the building of a methodology and body of published knowledge on which later training programs could draw. Rubin felt there might be other alternatives that would allow quality control for even the "independent training program." Luber, asked about his experience with trainees, pointed out that while he assisted such trainees as social workers and psychologists to use poetry in the therapeutic process, he was not attempting to induct these trainees into a separate profession but to strengthen the array of skills which they might then use in their own professions of social work, psychology, and so forth. Berry pointed out that in emerging fields, the total theory base is not immediately available but is developed around findings in the field as it progresses.

7. Luber then questioned the use of such terminology as "Master of Clinical Bibliotherapy" instead of such a title as "Senior Clinical Bibliotherapist" to make clear that the title did not represent an academic degree. He also raised the concern that the sanctioning Federation for Standards might be in hazard if malpractice suits were brought against individual practitioners certified under their Standards. He referred to the Association for Advancement of Behavioral Therapy whose program statement includes a sentence something like: "Membership in this association does not necessarily indicate our approval of this person's behavioral treatments."

8. Casey pointed out that the National Council on Accrediting[*] functions through accrediting training programs rather than certifying individuals and that this is an alternative that might be investigated for bibliotherapy. Ray and Berry pointed to parallel consideration of these alternatives in the fields of recreation and education. Casey expressed concern for establishing a Federation of enough authority and financial resources to accredit programs or to establish a sound certification program. The problems of testing skills, knowledge, and personal characteristics were discussed in some detail, but agreement was reached only on the need for quality control in each of these aspects.

9. Waity raised the question whether certification's availability might not invite the semi-committed person to a seemingly accessible occupation to which they might bring only limited competencies. Casey pointed out that certification is for the protection of the public in matters of this kind. Hynes felt that indeed safeguards must be taken to insure that this training is not seen as a shortcut to a new mental health profession. Standards can define a ladder that can have steps comparable to other mental health professional fields. The initial level is clearly described as being under the supervision of a mental health professional.

10. Discussion shifted to the problems of establishing interdisciplinary programs on university campuses in the light of difficulties of securing interdepartmental collaboration. The need for psychology, literature, group process, and mental health specialists to join forces in preparing bibliotherapists was agreed. Casey pointed to the need for a department to create the academic home, secure the funds, and be

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[*] Now the Council on Postsecondary Accreditation.

prepared to create a new discipline. Kohlenbrener identified the success of adult education in accomplishing this task, and Berry pointed to gerontology as a newly emerging field using this route. Casey saw the possibility of establishing an Institute for Bibliotherapy related to a department or group of departments as a possible beginning. Monroe pointed to the Specialist program, discussed in her paper, as an available vehicle at the post-master level and structured for interdisciplinary study, and felt that library education would provide a suitable academic base for this educational program. Hynes questioned whether library schools would accept a mental health component in the program.

11. Hynes asked whether correctional institutions would accept trainees in bibliotherapy for field practice, and Cowden felt that in many cases they would, as the Wisconsin system had welcomed the bibliotherapy groups developed under Lesta Burt's doctoral research program. Cowden saw both the clinical and the developmental modes possible in the correctional setting, and most people agreed that the developmental mode had great possibilities in correctional work. Berry separated the issue of therapy for the criminal from a common assumption that the status of being "criminal" assumes mental illness, and pointed to the obstacles posed by the typically negative staff attitudes toward the potential of education or therapy for institutional residents generally.

12. Merriam reverted to discussion of the standards with a comment that there might be minimal need for standards for the bibliotherapist aide, since people filling this position will always be functioning under the supervision of a bibliotherapist, and Hynes agreed to this point. Gandel pointed out that library education already has models for meeting separate certification requirements

within the Masters program, as now done widely for school librarianship and, as beginning in the University of Wisconsin-Madison, in certification for the gerontologist. Both of these programs are interdisciplinary and have functioned well in maintaining quality in education. Hynes asked how long it would take for library schools to add bibliotherapy. Parks underscored both the need for positions as bibliotherapist available to justify such programs, and pointed to Casey's teaching of a long scheduled but (until this summer) neglected course at the University of Washington in Hospital Librarianship that will include the topic of bibliotherapy. Hynes pointed to her own regular winter teaching of bibliotherapy at the University of Denver Library School and the six tutorial credit hours being granted by both Catholic University Library School and Antioch/Columbia graduate program for the 220-hour (aide level) introductory work in the St. Elizabeth's program. In light of these hopeful signs, Monroe commented that "As soon as we separate clinical from developmental bibliotherapy, library education may begin to open as a field for preparing bibliotherapists in the developmental mode as an extension of reading guidance." She pointed to the long-sustained support of developmental bibliotherapy from the University of Wisconsin-Madison in workshops and institutes, to the Seminar itself, and to the expectation that, with Dr. Mary Ann Test developing new programs in the School of Social Work, a mental health program would be available to library school students there. "We are at the beginning of the exploratory stage," said Monroe. But it was generally agreed that library education will not be ready for clinical bibliotherapy for some time.

13. Rubin raised questions about the broad availability of Specialist programs and their control. Monroe replied that about 40% of accredited library schools have Specialist programs, but that in addition to having such a structure available, a library school would need a knowledgeable faculty member and strong departments on campus in the areas of adult education, communication arts, and mental health if the Specialist in Bibliotherapy program were to be considered. Parks pointed out that the two-year Masters program, such as that at UCLA and the University of Washington, will allow room for many specializations and time for practicums, and that this may offer opportunity for preparation of librarians in bibliotherapy, under the guidance of a receptive instructor.

14. Monroe proposed that the Master of Clinical (and Developmental) Bibliotherapy be delayed until a sound program for the Certified Bibliotherapist was well established, and felt indication of this would strengthen the proposal of Standards. The implication of the formal library education program carrying the responsibility for only advanced level education was implicit, although it was clear that there would not be a single route by which such preparation would be available.

SUMMARY SESSION AND RECOMMENDATIONS

June 23, 1978

The final session consisted of three parts: first, a discussion of prime concerns in bibliotherapy as they emerged for members of the Seminar; second, an identification of priority research needs; and third, next steps to be taken by the field of bibliotherapy.

PRIME CONCERNS:

1. The need to distinguish--in practice, in teaching, and in research--among the modes of bibliotherapy. Since we recognize very different uses of literature (oral vs. written, self-created vs. published literature, etc.) and very different goals (therapeutic/clinical vs. developmental/educational), it is essential to particularize the mode of bibliotherapy which we elect to use, for which we recommend specific techniques or methodologies, and from which we deduce certain effects. A vocabulary must be built which will enable us to make precise and ready distinctions within the field of bibliotherapy.

2. Bibliotherapy as a field needs a home base: an association, a research institute, or some other continuing institution or organization that can provide sustained support and focus. The Bibliotherapy Round Table, headed by Hynes and Gorelick, was seen as a possible structure that might be strengthened with funds and staff. The Poetry Therapy Institute seemed an alternative only if it would widen its perspective to include all aspects of bibliotherapy. The need for a coordinating, leadership structure

was felt to be critical to the development of bibliotherapy as a field, especially since the need to focus on diverse aspects of the field for teaching, practice, and research purposes might otherwise tend to splinter the field. Additionally, the Seminar group found it important that bibliotherapy be regularly made a concern of other appropriate professional associations, such as the various reader services sections of the American Library Association. Such a spread of attention would build the recognition and increase the participation of practitioners needed for the development of bibliotherapy.

3. The need for research was generally conceded prime importance, since bibliotherapy will not gain the needed recognition and stature without demonstrated success, analytical development of methodology, and evolution of a theoretical basis possible only from sustained research activity. Lacking such recognition of bibliotherapy as a professional field, practitioners must maintain their prime affiliations in other professional fields (librarianship, psychotherapy, adult education, occupational therapy, teaching of English) and continue to use bibliotherapy as a supplementary technique. Lacking the research, the field of bibliotherapy will continue to grope its way experientially rather than to advance experimentally.

4. The importance of standards for certification of practitioners was recognized generally, but the question was raised whether the field was sufficiently well developed to make this the moment to control either the educational programs (still so very few) or the products of these programs (before a body of evaluated techniques and methodology have been identified and agreed upon). The vital importance of continuing discussion of the standards was agreed.

5. The priorities of members of the Seminar flowed in either of two directions: (1) the professionalizing of bibliotherapy (with knowledge base, an ethic, professional association, standards, etc.), or (2) building toward recognition of bibliotherapy through a program of research-based evaluation of its practice. The two directions were distinguished in part as the long-term and the short-term approaches; they were harmonious in their stress on the need for research.
6. A final prime concern for most of the Seminar group was the encouragement of courses in professional schools, especially in library education, to prepare practitioners in the concepts, knowledge, and skills essential to the practice of bibliotherapy. It was understood that development of a sound, basic theory for bibliotherapy was needed to justify graduate education in this field, and that such distinctions as those between clinical and developmental modes of bibliotherapy would help interpret the relevance of the field to the different professional disciplines within which such educational programs should develop. Two course structures in library education were identified: courses devoted completely to bibliotherapy, as those presented from time to time at Denver University, Catholic University, or Kent State University; and courses on broader topics within which serious and sustained attention was given to bibliotherapy, as in the course in Hospital Librarianship given at the University of Washington, or the course Creative Use of Literature with Older Adults to be presented at the University of Wisconsin-Madison in Spring 1979. Preparation of library service to aging was seen as an important area on which preparation of librarians for developmental (educational/humanistic) bibliotherapy might focus.

PRIORITY RESEARCH NEEDS:

A. Building a computer-controlled data base for the literature of bibliotherapy, drawn from the diverse fields in which it now exists, whether labeled "bibliotherapy" or "use of literature" in any of the variety of professional contexts, was seen as an essential step toward serious, sustained research. Psychology, counseling, reading, teaching of English, librarianship, psychotherapy, poetry therapy, are only the beginning of the list of areas to be culled in the development of such a bibliographic data base.

It was agreed that a first step would be a preliminary study to identify the range of literature to be examined, and the development of a taxonomy within bibliotherapy that would standardize terms for precise bibliographic description.

B. The need for research in specific areas was identified, and a matrix analysis of "Areas for Research on Bibliotherapy" (see chart) was elaborated. While it was clear that any cell within the matrix might offer rich opportunity for research, and that the elements in this matrix did not represent a comprehensive scan of the field, certain priorities (marked X on the chart) emerged from the Seminar discussions:

(1) client inter-psychic process, related to specific psychotherapeutic, learning, or change theories;

(2) the role of literature, related to clinical or developmental modes of psychotherapy;

(3) development of evaluative techniques related to the settings in institutions or community and related to developmental or clinical modes of bibliotherapy, with concern for unobtrusive measures, ethical constraints, etc.

(4) the facilitator role, related to specific psychotherapeutic, learning, and change theories, and related to different settings and different modes of using literature.

C. Developmental research focussing on bibliotherapy techniques and methodologies was recommended with such special publics as older adults, young adult residents of correctional institutions, and so forth. Such developmental approaches to research orientation were seen as providing new knowledge leading both to the elaboration of bibliotherapy methodology and to the development of the theoretical base for bibliotherapy.

D. A study of "Job Demand for Bibliotherapists" was proposed, to be projected in terms of social need and social readiness for this therapeutic/developmental approach over the next twenty years, in a diversity of contexts and settings. More than an identification of the number of people currently serving as bibliotherapists, this study would penetrate the growing number of potential users and contexts in which such educational, developmental, or clinical services would be relevant.

E. The significance of the practitioner's role in research was underscored, with recognition of the value of the practitioner's notes from group sessions as basic to data-gathering and to hypothesis generation.

NEXT STEPS:

1. Who is responsible for carrying out these recommendations? was a basic question. Lacking an overall organization for bibliotherapy, individuals were seen as free to choose focal points. Need for at

least a Round-Robin sheet was expressed; the summary of these proceedings was seen as a contribution. Reliance on already organized groups working in bibliotherapy was acknowledged as the necessary pattern at this time. Associational development for bibliotherapy was seen as a long-term imperative and this should be maintained as an immediate goal.

2. Continuing discussion of standards, with broadening of groups involved in such discussion, was seen as valuable for the education of related professional groups about bibliotherapy as well as for maturing of the standards statements. A basic decision on whether standards were better built on accrediting of educational program or on certifying their graduates through testing their knowledge and skills still must be made.

AREAS FOR RESEARCH ON BIBLIOTHERAPY

Elements of Bibliotherapy

CONTEXTS	Goals	Client Process	Functions of Literature	Facilitator Role	Group Process	Evaluation Techniques
BI-MODAL GOALS FOR BIBLIOTHERAPY						
(1) Clinical Bibliotherapy			X	X		X
(2) Developmental or Educational/Humanistic Bibliotherapy			X	X		X
BI-MODAL USE OF LITERATURE						
(1) Published literature (books, poetry, films, recordings)			X			
(2) Self-created literature (stories, poetry, oral history)			X			
BIBLIOTHERAPY AS RELATED TO SPECIFIC THEORIES		X		X		
(1) Freudian Theory						
(2) Behaviorist Theory						
(3) Learning Theory						
(4) Cognitive Theory						
(5) Human Behavior Theory						
(6) Social Interaction Theory						
(7) Social Change Theory						
(8) Personality Theory						
BI-MODAL SETTINGS						
(1) Institution				X		
(2) Community				X		

APPENDICES

APPENDIX A

Participants
SEMINAR ON BIBLIOTHERAPY
June 21-23, 1978

Dr. Franklin M. Berry Professor of Psychology Columbus College Columbus, Georgia	conducts research in bibliotherapy, is working in bibliotherapy with aging under a grant from the National Endowment for the Humanities.
Orilla Blackshear Madison, Wisconsin	formerly Assistant Director, Madison Public Library, and book specialist; now living in a retirement community and working with older adults in the use of books.
Karen Canova Library School University of Wisconsin-Madison	graduate student in Library Science with experience in serving institutionalized older adults.
Prof. Genevieve Casey Division of Library Science Wayne State University Detroit, Michigan	formerly Head, Extension Department, Detroit Public Library, serving institutions; currently is preparing students in library service to aging.
Dr. James Cowden Research Director Division of Corrections Wisconsin Dept. of Health and Social Services Madison, Wisconsin	has served as consultant to Lesta Burt, doctoral student conducting research in bibliotherapy in correctional institutions in Wisconsin.
Rhonda Gandel Research Assistant Library School University of Wisconsin-Madison	completed a Specialist Certificate in Library Service to Aging, and is preparing to undertake doctoral study in human development with research in bibliotherapy.

Lois Hinseth Nursing Education Liaison Middleton Health Sciences Library University of Wisconsin-Madison	formerly, psychiatric nurse as well as librarian in mental health institution; at one time, chairman of ALA Bibliotherapy Committee.
Arleen Hynes Bibliotherapist and Patients Librarian St. Elizabeth's Hospital Washington, D.C.	conducts bibliotherapy groups with elderly and mental patients; currently chairman of ALA Bibliotherapy Committee.
Laury Kohlenbrener University of Wisconsin-Madison Madison, Wisconsin	graduate student in Adult Education, experienced in leading book/film discussion with older adults.
Clara E. Lack, Bibliotherapist Santa Clara County Library San Jose, California	conducts bibliotherapy groups with older adults and with mental patients.
Raymond F. Luber, M. Div. Assistant Professor of Clinical Psychology Director, Day Hospital Western Psychiatric Institute and Clinic University of Pittsburgh Pittsburgh, Pennsylvania	specialist in using poetry therapy in clinical work.
Elizabeth Merriam Public Library Consultant Wisconsin Division for Library Services Madison, Wisconsin	formerly Librarian, Mendota Mental Health Institute
Dr. Margaret E. Monroe Professor of Library Science University of Wisconsin-Madison	organizer of institutes on bibliotherapy in 1965 and 1968, convenor of a planning conference in bibliotherapy research in 1973, convenor of Seminar on Bibliotherapy, June 1978.
Lethene Parks Extension Services Pierce County Library Tacoma, Washington	formerly librarian in a mental institution and practitioner in bibliotherapy.

Dr. Robert Ray Assistant Professor of Leisure & Recreation Continuing and Vocational Education Department University of Wisconsin-Madison	holds National Endowment for the Humanities grant for program in leisure for older adults.
Rhea J. Rubin Director, Services for the Blind and Physically Handicapped Oregon State Library Salem, Oregon	author of: Using Bibliotherapy: A Guide to Theory and Technique (1978); formerly chairman of ALA Bibliotherapy Committee and organizer of ALA Bibliotherapy Discussion Group.
Debra Spear Project Assistant Library School University of Wisconsin-Madison	graduate student and Project Assistant working on "Creative Use of Literature with Older Adults."
Dr. Mary Ann Test Professor of Social Work School of Social Work University of Wisconsin-Madison	formerly Director, Research and Psychology, Mendota Mental Health Institute, with specialty in community-based therapy.
Gloria Waity (Mrs. Charles) Madison, Wisconsin	formerly school librarian and member of Alliance for the Mentally Ill (AMI).
Dr. Vivian Wood Associate Director Faye McBeath Institute on Aging and Adult Life 425 Henry Mall University of Wisconsin-Madison	conducts research in human development and aspects of social development of aging women.

APPENDIX B

University of Wisconsin
LIBRARY SCHOOL

Creative Use of Literature with Aging
Margaret E. Monroe

GUIDELINES FOR BOOK ANALYSIS

I. Bibliographic Evaluation

I-A Bibliographic Data

Author______________
Title______________
Publisher______________
Editor______________
Date______________
Illustrations______________

I-B Physical Format

Book: hard-cover
Book: paperback
Large print
Magazine article
Newsletter
Newspaper clipping
Oversize
Pamphlet
Film
Recording
Art

I-C Type of Literature

Autobiography
Biography
Documentary
Essay of information
Folklore
Historical account
How-to-do-it
Humor
Novel
Personal essay
Play
Poetry
Reference
Photo essay
Scientific account
Short story
Textbook
Tract
Travel
Other

II. Content Analysis - Life Tasks

A. TASKS OF MAJOR CHANGE

A-1. Role loss/change of status
A-2. Loneliness
A-3. Social isolation
A-4. Widowhood
A-5. Minority aging
A-6. Reorienting life to aging
    a. growing dependency
    b. loss of powers (sight, hearing, strength)
    c. adjusting to new pace
A-7. Grief and grieving
A-8. Death and dying
A-9. Other

B. TASKS OF ADJUSTMENT

B-1. Retirement
a. for the retired person
b. for pre-retirement group
B-2. Identity/self-esteem
B-3. New image of aging for society
B-4. Family life/family relations in aging (specific relationships)
B-5. Sexuality
B-6. Companionship/friendship
B-7. Intergenerational relationships
B-8. Health
B-9. Mental health
B-10. Life Review
B-11. Housing
B-12. Other

C. TASKS OF OPPORTUNITY

C-1. Leisure time
C-2. Creativity
C-3. Self-affirmation
C-4. Self-actualization
C-5. Perspective building
a. sense of time (historical, geological)
b. human family
c. philosophic, religious
C-6. Keeping current
C-7. Other

III. Content Analysis - Attitudes and Values

A. Theories of aging reflected in the work:

_____activity theory
_____disengagement
_____continuity

B. Special background (when significant)

Ethnic: ______________________________
Social-economic class:__________________
Urban/suburban/rural:__________________
Religion:____________________________
National culture:_____________________
Regional culture:_____________________

IV. Content Analysis - Summary of topics or experience

V. Content Analysis - Expected Benefit to Reader

Informational
Interpretive
Problem-solving
Personal security

Aesthetic
Intellectual
Spiritual
Social role

Adventure
Pleasure
Relaxation
Fantasy

VI. Reader Appeal. Indicate with + those to whom this will appeal.
Indicate with - those to whom this will have no appeal.

A. Sex: _____Men _____Women

B. User interest group.

___1. Children of aging grandparents
___2. Young adults
___3. Early maturity
___4. Middle-aged children of aging parents
___5. Pre-retirement adults
___6. Active aging
___7. Declining aging
___8. Aging nearing death
___9. Professional use

C. Note important conditions in addition to aging for which the material is suited.

___1. Widow/er hood
___2. Dependency
___3. Institutionalization
___4. Sickness/disability
___5. Other

D. Readability level or educational background needed:

VII. Utilization

A. Context: study group
social group
religious group
active group
individual use

B. Styles of use:

storytelling
booktalk
reading aloud
reading aloud with discussion
casual availability

reading alone in advance of discussion
reading for ideas
reading for reminiscence
available for follow-up reading to some other planned experience

C. Bibliotherapeutic plan:

use designated sections for specific persons with specific needs; use with a psychologist on the team; use in group setting of: peers, family, or other; use alone as a one-time reading; use as one in a sequence of materials on a particular topic.

D. Probable bibliotherapeutic experience for specific types of readers:

E. Suggested related reading:

Title of item analyzed: ______________________________ Person Analyzing: ____________

Date: ____________

MATRIX FOR TYPES OF READERS IN RELATION TO LEVELS OF USE OF MATERIALS ON AGING

(Enter the number from GUIDELINE II in appropriate box to indicate "life task area")

Levels of use or need	Children of aging grand-parents	Young adults	Early maturity	Middle-aged children of aging parents	Retire-ment adults	Active aging	Declining aging	Aging nearing death
Consciousness raising								
Understanding								
Planning								
Coping								
Other (specify)								

APPENDIX C

AN ORIENTATION TO THE BIBLIOTHERAPEUTIC PROCESS FOR LIBRARIANS*

Margaret E. Monroe

While bibliotherapy is an art that aspires to the status of a science in "the application involved as therapeutic adjuvants in medicine and psychiatry" (2), librarians involved in bibliotherapy see their role more often as one of guidance in the solution of personal problems through reading. Further, librarians--on the whole--recognize their role in bibliotherapy to be related to the bibliotherapeutic process which is activated by the reader who is able to interact intensively with a book, film, recording, or other created and authored analysis of human experience. In short, the librarian recognizes that the bibliotherapeutic process is a potential in every reader's approach to the use of library resources. To the extent that the librarian understands the reader, knows the literature, is aware of the bibliotherapeutic potential of materials, she or he may make a decision to enhance the bibliotherapeutic potential of the library for the user by expanding the reader's awareness of the materials choices available. We will focus here on the bibliotherapeutic process as the basis for understanding the bibliotherapeutic potential of books, films, and recordings.

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*This paper also appears in Rhea Joyce Rubin's Bibliotherapy Sourcebook (Phoenix, Ariz.: Oryx Press, 1978), pp. 276-280; and is reproduced here with the permission of the author and of the publisher. It was an integral part of the Seminar papers.

The Bibliotherapeutic Model

There are six steps in the Bibliotherapeutic Process:

I. READ or VIEW or LISTEN

Those who cannot, or prefer not, to read, view, or listen will not have bibliotherapy as a channel for life enhancement. And typically the work, whether short or long, may have to be experienced as a whole; skimming or sampling may prove useless except where excerpts have been carefully selected to represent the experience on which the bibliotherapeutic experience is to be based.

II. IDENTIFY WITH AN ELEMENT IN THE SITUATION

Creative literature offers a choice of characters with whom the user may identify; didactic literature provides analysis of situations in which the user may find identity with his own. These identifications during the reading process must be strong and compelling, whether conscious or unconscious, and provide a motive force for experiencing the literature.

III. EXPERIENCE VICARIOUSLY

From among those who can read, listen, or view and who are able to identify strongly with a character or situation, some will enter so strongly into the experience offered that the use of the literature becomes a personal experience. They suffer, they struggle, they ponder alternatives, they solve and resolve as the character or author's analysis of the situation provides. Such users of book, film, or recording allow themselves to live within the literature. Such vicarious experience is an essential aspect of the bibliotherapeutic model. Almost all children enjoy folktales in this fashion; all readers of poetry must be capable of vicarious experiencing to truly experience the art. Experiencing vicariously is a normal part of the use of literature. For those with emotional problems reflected in the literature experienced, such compelling identification is a normal effect arising from the importance of the problem to the user.

IV. CATHARSIS

All Greek tragic drama relies on the viewers to watch, identify, and experience vicariously so that the moment of crisis and retribution, the denouncement of the play in which the chief characters find their fate, is in part a personal moment of truth for the viewer. He suffers the blow of fortune or triumphs with the character and because he understands the meaning of this fate, he is "purged"; his burden falls from his shoulders, his problem is understood, and viscerally he feels psychological release, the cleansing power of the experience. The bibliotherapeutic process provides such catharsis for the reader, viewer, listener, whether he uses creative or didactic literature.

V. INSIGHT

Once the psychological release is experienced, the reader, viewer, listener will suspend the vicarious experiencing and the intense identification with character or situation, and he reenters his own world. If the bibliotherapeutic process is to be said to occur, this reentry not only sustains the feeling of psychological release for at least a short time, but insight and understanding of the person or situation experienced become clarified; cause and effect emerge; evaluation of alternatives and solutions becomes conscious; and parallels to the reader, viewer, listener's own life situation are illuminated. This provides insight.

In the bibliotherapeutic model, insight is the climax of the process. Those forms of literature (westerns, light romance) which often offer only a superficial analysis of the human dilemma and therefore provide little basis for insight, nevertheless rely upon the first four steps of the bibliotherapeutic model, and some readers find them a source of catharsis. Lacking a basis for insight, such literature may become addictive in the reader's continued search for catharsis.

It is often said of a good children's book in relation to a particular child, "This is the time for her to read Caddie Woodlawn" or "I read The Little Prince at the wrong time and it meant nothing to me." The librarian's role in selecting materials is significant in providing materials suited to the demands of each step of the bibliotherapeutic process: readability, relevance of situation or character, closeness of the reading experience to that most needed by the reader, sound resolutions of life crisis, and meaningfulness of the insight likely to be induced.

Insight is so important to providing the bibliotherapeutic effect that librarians and others have used group discussion of literature as an impetus to development of insight. Insight cannot be imposed; it is based on revelation. In such discussion, the reading, viewing, listening experience is analyzed and relived at a more objective level as it is shared with others. One person's insight is compared with that of another, and a more rounded meaning often emerges. Insights then become available as tools to self-understanding. In a sense, this may be said to complete the bibliotherapeutic cycle. Two questions hover: How do we know that something has happened? And, to what good end have we taken the trouble to enable the experience?

VI. CHANGE IN ATTITUDE OR BEHAVIOR

The bibliotherapeutic model includes a final step in the process: after catharsis and insight comes the measurable pay-off--a change in attitude or behavior. Research has demonstrated more wholesome or normal behavior or attitudes following a series of intensive reading and discussions. If problems are resolved, guilt removed, hope restored, alternatives opened, then actions are privileged to change and attitudes toward self and others are revised.

Usually these changes and modifications are slight and observable only to the trained psychologist or family and friends. These changes have not been the goal for which the librarian strives, except in supporting such goals when set by a collaborating physician. Nevertheless, the librarian knows that these personally-generated effects flow from the user's interaction with book, film, or recording and observes them following insight-producing discussion.

The fact that such positive behavior and attitude changes have been measurable and shown to be clearly associated with the reading and discussion process makes the bibliotherapeutic model a significant one for librarians.

The Role of Literature (Books, Films, Recordings) In Human Dilemma:

Literature, whether print, film, or recording, may be categorized into two types: didactic literature and creative. These two types function somewhat differently in the bibliotherapeutic process; each type, however, has an important role.

I. DIDACTIC LITERATURE

INFORMS
EXPLAINS
INTERPRETS

Didactic literature is designed to teach, to inform, to lead people to understanding. Many users of such literature do not seek and do not experience from the literature the "bibliotherapeutic effect"; they know, they understand and they can use the information, but they do not "experience vicariously" nor have the experience of "catharsis" upon which to base their insight. Others, however, project themselves into the descriptions of situations so strongly and compellingly that the selection of literature is a matter for a sensitive and aware librarian.

The literature on "the use of alcohol," for example, is a good illustration. Knowledgeable authors, publishers, and film-makers have designed books and films in the area of alcoholism for highly specific groups of readers: the problem drinker, the spouse of an alcoholic, the young adult drinker, the young adult with an alcoholic parent, etc. In this area of personal crisis, roles are sharply different, and the situations can be reflected on only if the material takes a sympathetic stance in relation to the particular reader's role. Anecdotal style is typical of such literature, allowing the reader to identify although briefly, with such of the examples as he chooses. Without such "finding of oneself" in the book or film, the material has much less significance and may even turn the user away from the search for help. Librarians, in evaluating and selecting such materials, find it important to note the particular group of intended users. And in providing such literature to users, librarians deftly, swiftly, objectively yet sympathetically come to an understanding of the user's role in relation to the problem, so that the appropriate and useful material may be selected for use.

II. CREATIVE LITERATURE

RECOUNTS
RELIVES
CREATES

Creative literature reconstitutes the human experience, whether through the recounting of a life in a good biography, the reliving of the experience in fictionalized biography, the capturing of the essence of meaning in poetry, or the creation of a meaningful fictional situation, whether novel or short story. Drama is the essence of creative literature, although for many users the film version is an easier reenactment than is the reading of the printed play script. Similarly, poetry, a difficult form for many, may be more accessible to understanding through the recorded oral interpretation by the poet or a sensitive reader.

The selection of materials for an individual reader imply the librarian's mandate to enter into understanding of the reader's problem to a point. The librarian understands that there will be limits to what the reader is willing or able to share, and works tactfully, impersonally yet empathetically with whatever he is able to learn, to provide the appropriate materials from which the user makes his choice.

For the public librarian, limits are reached much sooner than for the librarian working in a mental institution or in collaboration with a therapy staff. As Dr. Karl Menninger often did, the psychiatrist may share his concepts of the kinds of materials the user might make best use of, or--to the knowledgeable librarian--may share the nature of the problem and leave to the experienced bibliotherapist the selection of the kind of literature to be provided.

The Role of Literature in Crisis for Different Groups of People

Bibliotherapeutic materials have distinctive roles for three groups of people related to a human dilemma:

those experiencing the personal crisis
those who are professional helpers in the crisis
those who form the human support system to people with the personal crisis

Most of the comments on the bibliotherapeutic process here have related to the person experiencing his own crisis. Bibliotherapy in its true sense applies to these people. But it is important for librarians to recognize that professional helpers must have such a capacity to "understand" empathetically as reading creative or didactic literature "bibliotherapeutically" can provide. Further, the family and friends of those with the personal crisis often have the same kind of need for vicarious experiencing, catharsis and insight which the person at the center of the human dilemma also has.

Librarians are probably more frequently serving the "professional helpers" and those who form the "human support system" than those with the personal crisis. In the first place, there are a great many people involved for each individual human crisis; secondly, those related to the crisis rather than those directly suffering from it may be psychologically freer to seek assistance. The librarian's guidance, therefore, will often be to materials both for the seeker and, through him, to materials for the person experiencing the crisis.

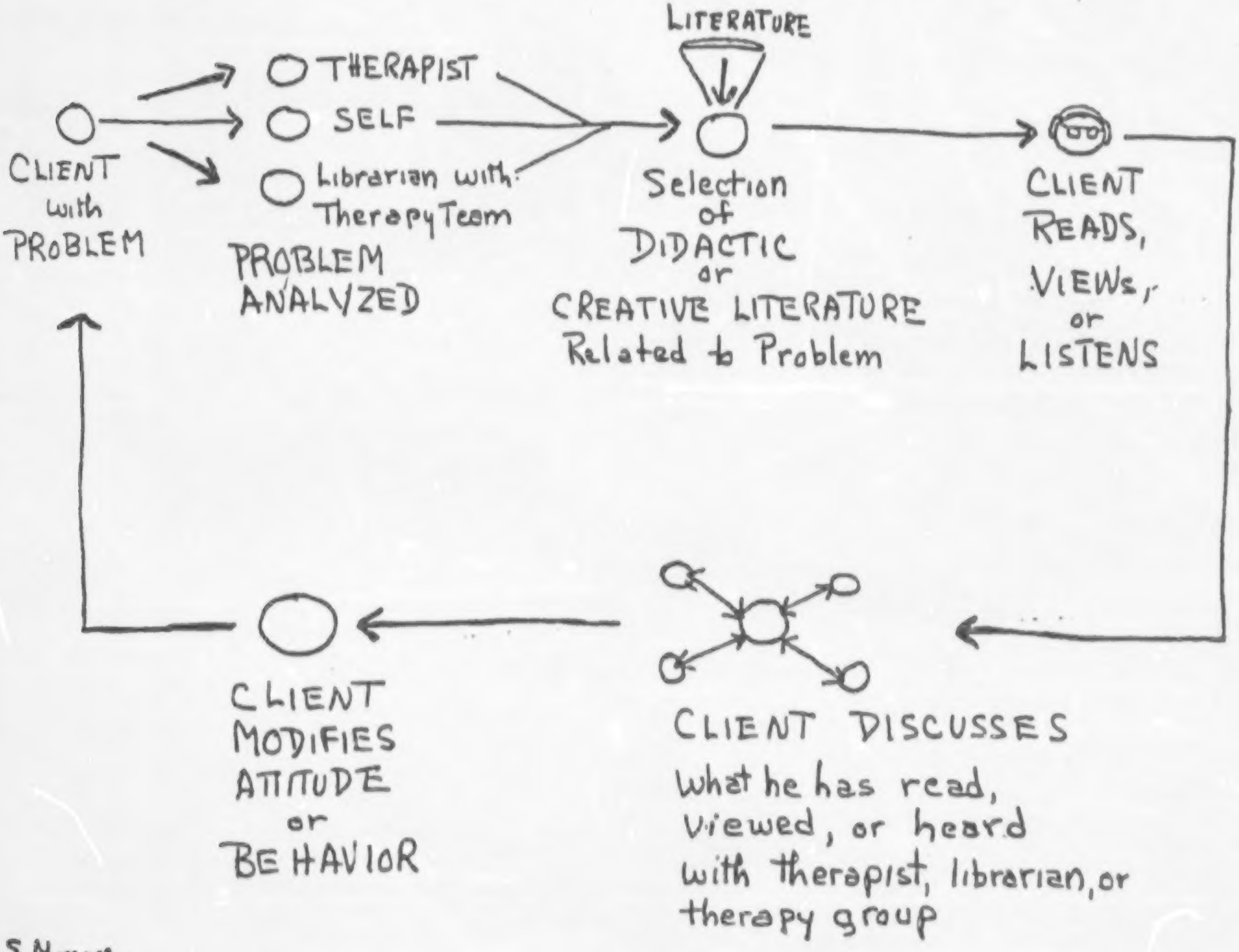
The Bibliotherapeutic Model for Library Service

The process of bibliotherapy as a library service must be understood to be one that may be initiated by the client with the problem, by a therapist, or by a librarian in combination with client or therapist-with-client. The statement of the client's problem is never the librarian's; the librarian may assist in the analysis only in relation to what the librarian needs to know to make wise selection of the materials. These are important ethical considerations; no professional person ever has a mandate to move into personal knowledge except as that profession requires the knowledge necessary to the style of problem-solving which his profession openly offers.

The librarian must know which forms of literature (print, film, recording) the client handles with ease and satisfaction, must know enough of the client's situation in relation to the problem to select the materials reflecting best the aspects of the problem which need understanding and resolution, must assess (usually intuitively) the capacity of the client to sustain identification with the situation or characters for the duration of the use of the materials--and reinforce that readiness to sustain the experiencing of the literature, and must provide the client any encouragement needed to undertake reflection and insight (whether through follow-up reading or through group discussion or conversation with others in the same dilemma or with a professional helper).

As the Model for Bibliotherapeutic Library Service suggests, basically it is the client who must make most of the efforts--to read, to reflect, to discuss, to articulate insights, and to embody new understanding in changed behavior or orientation to the situation. All else is supplementary and supportive.

MODEL FOR BIBLIOTHERAPEUTIC LIBRARY SERVICE


CLIENT with PROBLEM
THERAPIST
SELF
Librarian with Therapy Team
PROBLEM ANALYZED
LITERATURE
Selection of DIDACTIC or CREATIVE LITERATURE Related to Problem
CLIENT READS, VIEWS, or LISTENS
CLIENT DISCUSSES what he has read, viewed, or heard with therapist, librarian, or therapy group
CLIENT MODIFIES ATTITUDE or BEHAVIOR

Margaret E. Monroe
University of Wisconsin-Madison

Finally, the model points to the fact that bibliotherapy is not a magic one-time thing, but a cyclic process, with small effects cumulating and the potential of major change coming in a series of small, non-traumatic transformations of attitude or behavior.

What the Librarian Must Know to Support the Bibliotherapeutic Process

The librarian who is to serve as bibliotherapist must:

- Know the client (reader/viewer/listener) as a person
- Know about the problem
- Know the library resources and their potential for therapy
- Know how to work in a team

KNOW THE CLIENT

To the extent that the librarian is able to be acquainted with the library user (reader/viewer/listener), to know him not only in relation to his problem but to appreciate his talents and life experiences in other areas, the librarian will be able to select materials that support his positive qualities as well as focus on his problem area. Further, this knowledge of the client by the librarian permits skillful, unobtrusive channeling of the discussion to allow him to express his ideas and experiences in group discussion sessions that follow the reading, viewing, or listening. Finally, such knowledge enables the librarian to use an informed layman's level of perception of the problem without confusing the problem with the total person-as-person.

KNOW ABOUT THE PROBLEM

Basic knowledge of the major human problem areas is essential for the librarian working in bibliotherapy.

Personal sensitivity must be enhanced by at least a knowledgeable layman's level of understanding of clinical interpretation of the patterns and problems associated with well-known mental illnesses. Equally important, the librarian must know the major traumas of life in their problem contexts; widowhood, alcoholism, deafness, are only examples of the wide range of "things that happen to us" which have now well-plotted effects and associated problems. These must be understood by the librarian so that library materials and services can be brought to suitable assistance whenever appropriate. The intensity of the problems of widowhood for many require guidance to counseling and social programs; the complexity of alcoholism requires a many-faceted community support program with families, employers and the public at large; the social isolation of deafness must be understood for its effects on personality and remedied as completely as possible to sustain the human person who undergoes this deprivation.

KNOW THE LIBRARY RESOURCES

Acquaintance with the problem, for the librarian, is most often through books and films. As the librarian undergoes this self-education, he or she accumulates a sophisticated judgment of the body of literature suitable for use by the client with the problem, useful to friends and family who seek to help, and of value to the professional helpers. Sharing of this knowledge through reading lists, bibliographies, oral interpretations in book talks or film showings makes an important contribution to alleviation of the problem in society.

The written record of these selective choices of materials for particular purposes is a highly important professional function. The experience can be shared widely. No librarian has time to develop the needed depth of knowledge in every problem area, but must have available sound analyses of problems and of the related literature from which to work.

Each librarian serving as bibliotherapist, however, will find at least one area in which to make a unique contribution of materials analysis. The process of such analysis should be probing and definitive. Alcohol Education for the Layman represents one such librarian's journey into the problem and the literature, and this author can attest to the enormous rewards in personal understanding (1).

KNOW HOW TO WORK IN A TEAM

Because most librarians who serve as aides in the bibliotherapeutic process are not also trained psychologists or counselors, bibliotherapist librarians must have the skills of working in a team with trained therapists. The role of the therapist is to work with the client in diagnosis of the problem and determination of the treatment, while the librarian as member of the team consults on the selection of book, film, or recording to be used, the environment for use, and may conduct the discussion of the literature with the clients. Further, the bibliotherapist librarian will report to the team and the therapist the effects of the use of literature which he or she has observed. The librarian reports overt behavior; the therapist interprets its significance. Further, the librarian turns to the therapist for assistance to the client when the bibliotherapeutic experience brings to crisis the client's understanding of the problem.

Such a team-oriented use of literature for therapy is logical and available within most institutional library contexts. The public librarian must seek to create a counterpart community team within the mental health professional group. Clinical counselors collaborative with such a program are probably the best answer to a very real need. A likely area for such experimental work would be in the homebound service to the elderly.

Until such a team approach is possible for the librarian, the most effective involvement of the librarian in bibliotherapy is that of assisting and aiding the normal bibliotherapeutic effects to flow from the reader's interaction with suitably selected library resources, and enhancing the experience through the normal, benign effects of group discussion of such materials. Sensitive to the inevitability of the bibliotherapeutic process, the librarian--aware and knowledgeable--will observe and assist, and then may make a personal decision to move to further professional expertise.

REFERENCES

1. Monroe, Margaret E., and Jean Stewart. _Alcohol Education for the Layman_. New Brunswick, N.J.: Rutgers University Press, 1959.

2. _Webster's Third New International Dictionary_. Springfield, Mass.: Merriam, 1961.